



County Borough of Halifax
Health Department

Annual Report
ON THE HEALTH
OF THE BOROUGH
FOR THE YEAR 1955

GEORGE C. F. ROE
M.R.C.P., L.R.C.S., L.M., D.P.H., D.P.M.
Medical Officer of Health



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Health Department

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**ON THE HEALTH
OF THE BOROUGH**

FOR THE YEAR 1955

G E O R G E C . F . R O E

M.R.C.P., L.R.C.S., L.M., D.P.H., D.P.M.

Medical Officer of Health

Health Committee

(as on December 31st, 1955)

MAYOR.

MR. J. NICHOLL

Alderman FRANK HARLAND SWIRE, Chairman.

Councillor FRANCIS O'ROURKE, Vice-Chairman.

Alderman.

EDGAR O. BOWER

Councillors.

BERRY, ALBERT
BERRY, TOM
CHAPMAN, LESLIE
DRAKE, JOHN A.
HIGGINS, WILLIAM
HOLLAND, SAMUEL

LILEY, JOSEPH
OAKES, ARTHUR
PAY, FREDERICK L.
MAWSON, LAURA A.
STREETER, CHAS. G.
WOODHEAD, HERBERT

Sub-Committees

Appointed by the Health Committee.

Accounts Sub-Committee.

THE CHAIRMAN
VICE-CHAIRMAN

Councillors:
BERRY, T.
HOLLAND, S.
OAKES, A.

Sanitary Services Sub-Committee.

THE CHAIRMAN
VICE-CHAIRMAN

Alderman BOWER

Councillors.

CHAPMAN
DRAKE
HIGGINS
HOLLAND

LILEY
PAY
WOODHEAD

Maternal and Child Welfare Sub-Committee.

THE CHAIRMAN

VICE-CHAIRMAN

Councillors.

BERRY, A.
CHAPMAN
HOLLAND

LILEY
MAWSON
PAY
STREETER
Mrs. GLADYS PICKLES

Mrs. DORA I. GREENWOOD
Mrs. DORIS RHODES

Mental Health Services Sub-Committee:

THE CHAIRMAN

VICE-CHAIRMAN

Councillors.

BERRY, A.
DRAKE
HOLLAND

MAWSON
WOODHEAD

Staff of the Health Department

(as on December 31st, 1955)

Medical Officer of Health.

GEORGE C. F. ROE, M.R.C.P., L.R.C.S., L.M., D.P.H., D.P.M.

Assistant Medical Officers of Health.

ELENORA J. SIMPSON, M.B., Ch.B., Medical Officer,
Maternal and Child Welfare.

MARJORIE SMITH WILSON, M.B., Ch.B., D.P.H., Medical Officer,
Maternal and Child Welfare.

Public Analyst.

R. MALLINDER, B.Sc., F.I.C.

Chief Sanitary Inspector.

H. MARGERISON, M.R., San.I.

Meat and Foods Inspector.

G. A. WOODHEAD

Lay Administrative Officer and Interim Ambulance Controller.

H. HUDSON

Senior Sanitary Inspector.

H. LEAPER

District Sanitary Inspectors.

F. BURKE

A. LUM

J. E. BANKS

Pupils: T. ASHWORTH and A. SUTCLIFFE

Housing Inspector.

F. BURTON

Clerical Staff.

H. WRIGHT—Senior Clerk

N. BRADLEY
(Sanitary Section)

E. I. DAVIS

K. RYDER

L. WOOD
(Housing Section)

Mrs. E. A. SUNDERLAND

Miss M. EASTWOOD

Miss V. M. ATKINSON

Miss B. L. MITCHELL
(M. & C.W. Centre)

G. BOTTOMLEY
(Junior Clerk)

Miss C. BOOTH
(Junior Clerk)

Rodent Control.

Senior Rodent Operative—J. T. O'NEIL

Rodent Operative—R. GARFORTH

Mental Health Service.

Senior Authorised Officer—S. PARKINSON
Duly Authorised Officer—L. HOLDSWORTH

Occupation Centre.

Supervisor—Miss L. BALL
Two Assistant Supervisors

Domestic Help Organiser.

Miss J. WILEY

Ambulance Service.

Ambulance Officer—Vacant
4 Shift Leaders, 16 Driver/Attendants
2 Switchboard Attendants

Maternal and Child Welfare.

Superintendent Health Visitor.

Miss V. GRAY

Health Visitors.

Miss M. MOORE	Miss P. A. VAUGHAN
Miss S. E. BRIGGS	Miss M. STREETER
Miss D. V. STAMPER	Miss E. J. WOLSTENHOLME
Miss I. HOLDSWORTH	Miss N. DINGSDALE
Mrs. N. D. WILKINS	

Assistant Nurses.

Miss J. MARTIN	Mrs. M. WINSTANLEY
----------------	--------------------

Day Nurseries.

Craigie Lea Day Nursery, Ovenden.

Matron: Mrs. M. R. WILSON

Ling Bob Day Nursery, Pellon.

Matron: Miss M. GOODWIN

COUNTY BOROUGH OF HALIFAX

REPORT

OF THE

MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1955

INTRODUCTION

*To the Chairman and Members of the Health
Committee*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present herewith the Annual Report upon the health of Halifax for the year 1955. The report is the eighty-third of the series. It is planned in sections so that the details of any specific service may be readily obtained.

The following table shows the chief Vital and Mortal Statistics for the period under review compared with 1954.

Year	B.R.	D.R.	I.M.R.	Mat.	No. of	No. of	Pulm,	Cancer
				Death	Still	Illeg.	T.B.	
				Rate	Births	Births	D.R.	D.R.
1954	14·60	15·00	33·05	1·38	31	96	·18	2·51
1955	14·29	15·73	21·69	·70	28	93	·15	2·61

The number of live births in Halifax in 1954 was 1,422. In 1955 the number was 1,383.

The major causes of death were as follows:—

No. of deaths from heart diseases	520	(499 in 1954)
No. of deaths from Cancer	... 253	(244 in 1954)
No. of deaths from Cerebral		
Haemorrhage	282	(238 in 1954)
No. of deaths from Coronary		
Thrombosis	264	(235 in 1954)
	(164 M, 100 F)	(136 M, 99 F)
No. of deaths from Pulmonary		
Tuberculosis	15	(17 in 1954)

The incidence of Infectious Diseases was low.

The incidence of Poliomyelitis since 1944 was as follows:—

1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Nil	Nil	1	6	1	7	3	10	2	3	2	4

The prevention of disease is the ultimate goal of the public health service. That we are still far indeed from the attainment of that goal the everyday prevalence of coronary disease, cancer, arterio-sclerosis and mental diseases show. Coronary heart disease in Britain is said to cause 15,000 to 20,000 deaths a year in men under sixty-five. Deaths from Coronary Thrombosis among Halifax people in 1955 were as follows: Men, 164; and Women, 100. It is interesting to note that a century ago the death rate among men at fifty-five to sixty-four years of age was about 10 per cent. higher than that of women. Today the excess deaths among this age group of men, compared with women, is very much higher. Most of this worsening with respect to the mortality statistics of men when compared with women has occurred in the last twenty-five years. During this period the female death rate (in middle age) has fallen satisfactorily but, the corresponding male death rate has fallen much less. Several factors enter into this problem and, of these, coronary heart disease is the greatest single factor in the unsatisfactory course of male mortality in middle age. Women suffer much less from coronary thrombosis than men. What are the possibilities of prevention? Recent research into this problem suggests that lack of adequate physical exercise predisposes to coronary artery disease and that diets rich in fat encourage the development of premature arterial degeneration. If this hypothesis is correct prevention includes adequate physical exercise and the avoidance of an excessive consumption of fatty foods. To these might be added the control of body weight.

We have conquered the old infectious diseases but new diseases have arisen. One of the most menacing of these is cancer of the lung. Much has been said and written about this dangerous disease. The work of Doll and Hill suggest that some at least of the recent increase in cancer of the lung is due to heavy smoking, and is to that extent preventable. But it must always be remembered that living in an area where the air is contaminated by harmful agents is a factor adversely affecting health particularly with respect to respiratory diseases. This was demonstrated by the great increase of deaths from respiratory diseases amongst the elderly during and after the London fog of 1952. Atmospheric pollution and "slum clearance" are still major public health environmental problems. The task of "slum clearance" will be tremendous and will tax the staff of the health department which have difficulty in recruiting sanitary inspectors, at a time when much other public health legislation is adding to their duties. In the future the responsibility of the citizen for his own health will be far greater than formerly.

I wish I had more space to write about modern mental health problems but, an "introduction" to a report should remain an "introduction." Section 2 (pages 40-52) of the report deals with mental health.

I wish to again thank the staff of the Public Health Department for the zeal, energy and loyalty which they have, one and all, displayed during the year.

Also, I wish to express my thanks to the Chairman, Vice-Chairman and Members of the Health Committee who have always supported me in our common endeavour to be of service to the people of Halifax.

I am,

Yours faithfully,

G. C. F. ROE,

Medical Officer of Health.

SECTION 1

Statistics

Latitude 53° 44' North.

Longitude 1° 50' West.

Mean Height above sea level	...	...	...	...	780
Area in acres	...	...	...	...	14,081
Population (Census 1931) (Males 44,600. Female 53,515).	...	...	...	...	98,115
Population (Census 1951) (Males 45,487. Females 52,889).	...	...	...	...	98,376
Population (Mid-year, 1955) (Registrar General's Figures)	...	...	...	...	96,870
Density of population per acre	...	...	...	...	6.88
Number of inhabited houses (1931 Census)	...	...	...	...	28,488
Number of houses according to Rate Books (31st December, 1955)	...	...	...	...	33,872
Average number of persons to each occupied house	...	...	...	...	2.08
Rateable Value, 31st December, 1955	...	...	...	...	£664,096
Estimated product of a penny rate	...	...	...	...	£2,650

Summary of Vital Statistics

Number of Live Births (R.G.'s figures)	M 722	F 661	Total	1,383
Birthrate per 1,000 population	...	...	...	14.29
Number of Stillbirths (R.G.'s figures)	M 12	F 16	Total	28
Rate per 1,000 Total Births	...	...	...	19.84
Number of Deaths (R.G.'s figures)	M 720	F 802	Total	1,522
Deathrate per 1,000 population	...	...	...	15.73
Infantile Deaths (R.G.'s figures)				
Deaths of children under one year of age	M 18	F 12		30
Infantile Deathrate per 1,000 Live Births	...	...		21.69
Phthisis deathrate	...	...	...	.15
Deathrate from other forms of Tuberculosis	...	...	...	.01
Tuberculosis deathrate (all forms)	...	...	...	.16
Deathrate from Cancer	...	...	...	2.61

Summary of Deaths.

(Based on the Registrar General's "Short List" of causes of death.)

Cause of Death						M	F	Total
Tuberculosis, respiratory	...	...	...	...	...	12	3	15
„ other forms	...	...	...	...	...	1	—	1
Syphilitic disease	...	...	...	...	...	3	2	5
Diphtheria	...	...	...	...	...	—	—	—
Whooping Cough	...	...	...	...	...	—	—	—
Meningococcal infection	...	...	...	...	...	—	—	—
Acute Poliomyelitis	...	...	...	...	...	—	—	—
Measles	...	...	...	...	...	1	3	4
Other infective and parasitic diseases	...	...	...	...	...	—	3	3
Malignant neoplasm—Stomach	...	...	...	...	...	21	27	48
„ „ Lung, Bronchus	...	...	...	...	...	33	1	34
„ „ Breast	...	...	...	...	...	1	21	22
„ „ Uterus	...	...	...	...	...	—	11	11
Other malignant and lymphatic neoplasms	...	...	...	...	...	59	79	138
Leukæmia. aleukæmia	...	...	...	...	...	2	1	3
Diabetes	...	...	...	...	...	6	12	18
Vascular lesions of nervous system	...	...	...	...	...	99	183	282
Coronary disease, angina	...	...	...	...	...	164	100	264
Hypertension with heart disease	...	...	...	...	...	20	27	47
Other heart disease	...	...	...	...	...	73	136	209
Other circulatory disease	...	...	...	...	...	24	41	65
Influenza...	...	...	...	...	...	—	2	2
Pneumonia	...	...	...	...	...	25	13	38
Bronchitis	...	...	...	...	...	59	22	81
Other diseases of respiratory system	...	...	...	...	...	5	4	9
Ulcer of stomach and duodenum	...	...	...	...	...	9	4	13
Gastritis, enteritis and diarrhœa	...	...	...	...	...	1	2	3
Nephritis and Nephrosis	...	...	...	...	...	8	11	19
Hyperplasia of prostate	...	...	...	...	...	7	—	7
Pregnancy, child birth, abortion	...	...	...	...	...	—	1	1
Congenital malformations	...	...	...	...	...	3	3	6
Other defined and ill-defined diseases	...	...	...	...	...	45	68	113
Motor vehicle accidents	...	...	...	...	...	6	4	10
All other accidents	...	...	...	...	...	17	17	34
Suicide	...	...	...	...	...	16	1	17
Homicide and operations of war	...	...	...	...	...	—	—	—
Total						720	802	1522

Year	Birthrate per 1,000 Total Population	Annual Deathrate per 1,000 Population						Rate per 1,000 Births	
		ALL CAUSES	Typhoid and Para-Typhoid	Small-Pox	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (under two years)	DEATHS under one year
England and Wales ... 1955	15.00	11.70	*	*	*	*	*	*	24.9
160 County Boroughs and Great Towns including London ... *1955									
HALIFAX .. 1946	18.6	14.4	0.00	0.00	0.02	0.00	0.04	2.3	31
1947	19.9	14.8	0.00	0.00	0.01	0.02	0.03	5.8	42
1948	17.7	13.8	0.01	0.00	0.01	0.00	0.01	5.3	29
1949	16.5	15.4	0.00	0.00	0.01	0.00	0.12	1.8	33
1950	15.9	14.8	0.00	0.00	0.01	0.00	0.07	1.3	39
1951	15.5	15.2	0.00	0.00	0.00	0.00	0.18	0.0	28.3
1952	14.39	14.14	0.00	0.00	0.00	0.00	0.01	0.0	27.14
1953	14.57	15.15	0.00	0.00	0.00	0.00	0.18	0.0	29.70
1954	14.60	15.00	0.00	0.00	0.00	0.00	0.02	0.7	33.05
1955	14.29	15.73	0.00	0.00	0.00	0.00	0.03	0.7	21.69

* Figures not available

Vital and Mortal Statistics for Halifax during the last 21 years.

Year	Death Rate	Infant Mortality Rate	Maternal Mortality Rate	Tuberculosis (all forms)		Diphtheria		Scarlet Fever		Typhoid and Para-typhoid		Cerebro Spinal Fever		Smallpox	
				New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths
1935	14.6	70	6.4	158	55	322	16	227	2	nil	nil	1	1	nil	nil
1936	15.2	68	7.02	206	75	206	12	136	nil	3	nil	2	2	nil	nil
1937	14.6	63	2.39	135	38	164	5	162	nil	1	nil	5	5	nil	nil
1938	14.1	57	2.92	165	55	155	6	145	nil	nil	nil	3	1	nil	nil
1939	15.3	60	4.4	135	65	129	5	184	2	nil	nil	nil	1	nil	nil
1940	15.6	45	8.8	118	51	311	15	166	nil	3	1	31	9	nil	nil
1941	15.7	65	1.5	111	60	230	12	97	nil	nil	nil	16	3	nil	nil
1942	14.6	56	3.4	113	56	196	5	669	nil	1	nil	9	4	nil	nil
1943	15.4	50	1.9	123	68	127	4	411	nil	2	2	nil	2	nil	nil
1944	14.5	38	2.3	156	54	118	4	481	nil	nil	nil	nil	nil	nil	nil
1945	16.1	42	2.0	110	53	92	5	173	nil	nil	nil	nil	nil	nil	nil
1946	14.4	31	1.1	69	41	17	nil	74	nil	73	nil	nil	nil	nil	nil
1947	14.8	42	0.52	87	44	21	2	84	nil	2	nil	3	nil	nil	nil
1948	13.8	29	0.58	61	32	9	nil	161	nil	*1	1	2	1	nil	nil
1949	15.4	33	0.50	77	32	8	nil	222	nil	nil	nil	1	1	nil	nil
1950	14.8	39	1.23	85	29	1	nil	293	nil	3	nil	nil	nil	nil	nil
1951	15.2	28	0.00	179	30	nil	nil	123	nil	15	nil	nil	nil	nil	nil
1952	14.1	27	0.69	107	19	nil	nil	119	nil	2	nil	nil	nil	nil	nil
1953	15.2	30	0.00	122	22	nil	nil	88	nil	3	nil	1	nil	4	nil
1954	15.0	33.05	1.38	121	19	nil	nil	90	nil	nil	nil	nil	nil	nil	nil
1955	15.7	21.69	0.70	105	16	nil	nil	215	nil	1	nil	nil	nil	nil	nil

*Transferred

Vital and Mortal Statistics for Halifax during the last 21 years (continued).

Year	Pneumonia		Whooping Cough		Poliomyelitis		Cancer Deaths	Heart Diseases Deaths	Cerebral Hæmorrhage Deaths
	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths			
1935	117	69	nil	1	1	nil	194	406	67
1936	91	74	nil	4	1	nil	193	448	74
1937	115	77	nil	2	nil	nil	178	424	73
1938	164	58	nil	nil	1	nil	186	419	77
1939	182	59	2	2	2	nil	193	449	89
1940	156	57	185	2	2	nil	187	408	232
1941	188	66	240	3	nil	nil	235	381	179
1942	226	61	174	nil	5	nil	216	374	164
1943	236	55	211	4	2	nil	205	374	179
1944	124	38	201	3	nil	nil	177	366	199
1945	103	43	133	2	nil	nil	219	398	237
1946	69	35	153	2	1	nil	206	464	182
1947	67	37	237	1	6	nil	214	455	188
1948	62	39	295	1	1	1	206	415	213
1949	85	71	92	1	7	1	241	471	203
1950	59	43	374	1	3	nil	239	505	208
1951	73	49	145	nil	10	nil	211	468	231
1952	41	30	153	nil	2	nil	230	454	238
1953	54	65	154	nil	3	nil	261	451	239
1954	23	46	72	nil	2	nil	244	499	238
1955	80	38	111	nil	4	nil	253	520	282

Table showing comparative yearly Vital and Mortal Statistics from 1946 to 1955 inclusive.

Year	Birth-rate	Death-rate	Infant Mortality Rate	Maternal Mortality Rate	Pulmonary Tuberculosis		Venereal Diseases		Pneumonia	
					New Cases	Death-rate	Syphilis	Gonorrhæa	New Cases	Deaths
1946	18.6	14.4	31	1.1	53	.37	103	124	69	35
1947	19.9	14.8	42	0.5	72	.40	95	130	67	37
1948	17.7	13.8	29	0.5	61	.33	70	73	62	39
1949	16.5	15.4	33	0.5	64	.29	48	66	85	71
1950	15.9	14.8	39	1.2	85	.26	40	44	59	43
1951	15.5	15.2	28	nil	162	.30	31	8	73	49
1952	14.4	14.1	27	0.7	99	.17	21	16	41	30
1953	14.6	15.2	29	nil	111	.21	23	30	54	65
1954	14.6	15.0	33	1.4	113	.18	21	25	23	46
1955	14.29	15.7	21.69	0.7	94	.15	10	20	80	38

Year	Deaths from Heart Disease	Deaths from Cancer	Deaths from Cerebral Haemorrhage	Deaths from Diabetes	Diphtheria		Scarlet Fever	
					New Cases	Deaths	New Cases	Deaths
1946	464	206	182	16	17	nil	74	nil
1947	455	214	188	14	21	2	84	nil
1948	415	206	213	13	9	nil	161	nil
1949	471	241	203	8	8	nil	222	nil
1950	505	239	208	9	1	nil	293	nil
1951	468	211	231	14	nil	nil	123	nil
1952	454	230	238	13	nil	nil	119	nil
1953	451	261	239	11	nil	nil	88	nil
1954	499	244	238	13	nil	nil	90	nil
1955	520	253	282	18	nil	nil	215	nil

Notification.

The following Table shows the number of notifications of infectious disease received during the year:

Disease	Number	
	Notified	Con- firmed
Smallpox	—	—
Dysentery	11	10
Food Poisoning	13	9
Typhoid Fever and Enteric Fever ...	1	1
Para-Typhoid	—	—
Scarlet Fever	215	215
Malaria	—	—
Diphtheria	—	—
Puerperal Pyrexia	9	9
Erysipelas	13	13
Ophthalmia Neonatorum	—	—
Encephalitis Lethargica	2	2
Acute Poliomyelitis	4	4
Cerebro-spinal Fever	—	—
Measles	2288	2288
Whooping Cough	111	111
Pneumonia—Primary-Influenzal	80	80
Meningococcal Infection	1	1
Tuberculosis—		
Respiratory	94	94
Other Forms	11	11
Total	2853	2848

Road Traffic Accidents.

During the year 981 reports of road accidents were received by the Police and 10 deaths were attributable to such accidents. The following table affords a comparison with the number of fatal accidents occurring in previous years:—

	1947	1948	1949	1950	1951	1952	1953	1954	1955
Police Report	7	12	7	12	7	7	14	6	9
R.G's. Report for after adjust- ment Transfers	—		10	14	10	8	14	6	10

The Growth of the Borough of Halifax.

Year	Population	Note
1848	40,000	Borough Incorporated.
1861	51,937	
1871	65,510	
1881	63,360	
1891	82,864	
1892	83,364	Borough extended by the additions of Ovenden and Illingworth Wards.
1899	90,934	
1900	96,684	Borough extended by the addition of Copley Ward.
1901	104,936	
1911	101,566	Borough extended by the additions of Warley and Northowram Wards.
1921	100,700	
1931	98,115	Mid-year density of population per acre 6·3.
1945	89,390	
1946	93,280	Mid-year density of population per acre 6·9.
1947	94,580	
1948	96,420	
1949	97,820	
1950	98,840	
1951	97,490	ditto
1952	97,320	
1953	97,070	
1954	97,130	
1955	96,870	

SECTION 2

National Health Service Act, 1946

Section 22. CARE OF MOTHERS AND YOUNG CHILDREN.

Section 23. MIDWIFERY.

Section 24. HEALTH VISITING.

Section 25. HOME NURSING.

Section 26. VACCINATION AND IMMUNISATION.

Section 27. AMBULANCE SERVICES.

**Section 28. PREVENTION OF ILLNESS,
CARE AND AFTER-CARE.**

Section 29. DOMESTIC HELP.

Section 51. MENTAL HEALTH SERVICES.

MATERNITY AND CHILD WELFARE SECTION.

I am indebted to Dr. E. J. Simpson for the following report:—

It affords great satisfaction to report that in 1955 the infant mortality rate for Halifax was the lowest ever recorded in the County Borough. From 33·05 in 1954, it fell last year to 21·69 per 1,000 live births, a rate which despite the health handicap of an industrial community is lower than that of England and Wales as a whole, namely 24·9 per 1,000 live births in 1955. Such a striking reduction appears due to a decrease in the number of premature births and deaths. Of the 120 premature babies born alive in 1954, 14 died; in 1955 of 103 such births 9 babies died. This is encouraging evidence that the special efforts concentrated on the prevention of premature births and the care of premature babies are taking effect. The total number of births in Halifax was only 39 fewer in 1955 than in the previous year.

Prematurity has been for some years the commonest cause of infant deaths—the hard core of the infant mortality problem—in Halifax, as elsewhere. Last year broncho-pneumonia ran it a close second with eight cases. This serious illness usually responds to modern drugs if treatment is given early. But, unfortunately, in some cases, the parents do not call in the family doctor, or he is told too late for the child's life to be saved.

In April, because of street broadening operations, we had to leave our Northgate premises and move into the old Food Office in Broad Street. The site is central and the adaptation of the premises has been good. But a serious disadvantage of the change is the continual noise caused by heavy traffic in Broad Street, which makes examination of the heart and lungs of the patients, and conversation with the mothers, often very difficult.

In June the Central Council for Health Education held in our department a two-day course with stimulating lectures and discussions attended by Health visitors, Sanitary Inspectors, etc.

Miss Heaney, Nursing Inspector, and Miss Mason, Social Service worker, both from the Ministry of Health, Leeds Office, visited Broad Street in June to discuss our methods with Problem Families. In October, they returned to attend a Co-ordination Committee meeting by permission of Mr. Gent, our Designated Officer. They expressed approval of the work that is being done here for these unhappy families. Prevention should be the key note here as in all our work.

Our three Health visitor pupils, Miss Holdsworth, Mrs. Wilkins and Miss Wolstenholme, passed their examination in July and have joined the staff as full Health visitors.

We are again happy to express our appreciation of the services of our voluntary workers both at clinic sessions and in the sale of welfare foods at branch clinics. These ladies are very faithful in attendance and we are most grateful for their help. In the Welfare State, where services are provided and paid for with no call upon such self-denying effort as once, willingness of those who do give their time and energy for the benefit of the community surely has double merit—as service and example.

Health Education Lectures given in 1955 by Dr. E. Simpson.

“You and Your Child,” Warley Road School, Parent-Teacher Association.

“Family Life,” St. Andrew’s Ladies’ Guild, Holmfield.

In addition, a regular course of lectures on Mothercraft is given at each relaxation class at Kirby Leas.

Births.

Total No. of births occurring in the Authority's area during								
1955	...	...	...	...	...	...	...	2,370
No. at Royal Halifax Infirmary	...	...	...	...	...	...	...	266
No. at Halifax General Hospital	...	...	...	...	...	...	...	1,642
Local births occurring in Nursing Homes in other areas	...	...	...	...	...	...	...	9

Care of Premature Infants.—i.e., babies weighing 5½lbs. or less at birth, irrespective of period of gestation. Stillbirths should be excluded.

Number of premature infants notified during the year (including transferred notifications) whose mothers normally reside in the Authority's area:—

- (i) Born at home—18.
- (ii) Born in hospital—85.

Premature still births	Premature Live Births						
	Nursed entirely at home					Transferred to hospital	Birth weight
	Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total		
—	—	—	—	—	—	—	2 lb. 3 oz. or less
9	—	—	—	1	1	—	Over 2 lb. 3 oz. up to 3 lb. 4 oz.
4	1	—	—	1	—	2	Over 3 lb. 4 oz. up to 4 lb. 6 oz.
1	—	—	—	3	3	—	Over 4 lb. 6 oz. up to 4 lb. 15 oz.
1	1	—	—	11	11	1	Over 4 lb. 15 oz. up to 5 lb. 8 oz.
15	1	—	—	16	15	3	Totals

Born in Private Nursing Homes in Halifax C.B.—1.

Infectious Diseases.

	Ophthalmia Neonatorum		Pemphigus Neonatorum		Puerperal Pyrexia	
	Domiciliary Confinements	Institutional Confinements	Domiciliary Confinements	Institutional Confinements	Domiciliary Confinements	Institutional Confinements
Number of cases notified during the year ...	—	—	—	—	1	8
Number of cases removed to Hospitals ...	—	—	—	—	—	—

Number of cases of Ophthalmia Neonatorum notified during the year, in which:—

(a) Vision was unimpaired	...	...	...	...	...	—
(b) Vision was impaired	...	...	...	...	...	—
(c) Vision was lost	...	...	...	...	...	—
(d) The patient died	...	...	...	...	...	—
(e) The patient was still under treatment at the end of the year	...	...	...	...	...	—
(f) The patient removed from the district	...	...	...	...	...	—

CARE OF EXPECTANT AND NURSING MOTHERS

Ante and Post Natal Clinics are conducted weekly by Public Health Medical Officers at the Halifax District Nursing Association home for domiciliary cases.

There is close co-operation with the Consultant Obstetrician who sees abnormal cases at the Medical Officer's request.

Such clinics are also held at the Halifax General Hospital for hospital cases and there is a weekly session held at the Broad Street Child Welfare Clinic for expectant mothers intending to be confined out of the borough.

Mothers booked for domiciliary confinement are visited in their own homes by midwives.

Full advantage is taken, both at the Clinics and during home visits to teach mother-craft and particular stress is placed on the importance of breast-feeding. Leaflets on breast-feeding and diet sheets are distributed at the clinics.

Maternity outfits for Halifax cases are issued about the 28th week of pregnancy. Home visits are made by the Health Visitors when home conditions are said to be unsuitable and when hospitalisation is recommended.

Health visitors pay home visits as soon as possible after the return of the mother from hospital, or, in the case of domiciliary confinements, after the midwife has ceased to attend. The mother is advised as to diet and hygiene and is encouraged to bring her baby to the nearest child welfare centre. Thereafter, the Health Visitor visits as regularly as is possible, concentrating on those children who need special attention, or who have not been brought to the Centre.

1	No. of Clinics provided at end of year (whether held at Child Welfare Centres or other premises)	No. of sessions now held per month at Clinics included in Col. 2	No. of women in attendance		Total number of attendances made by women included in col. (4) during the year
			No. of women who attended during the year	No. of new cases included in Col. 4, i.e., for A.N. clinics women who had not previously attended any clinic during current pregnancy and for P.N. clinics women who had not previously attended any P.N. clinic after last confinement	
1	2	3	4	5	6
Local Health Authority Clinics :—					
Ante-Natal clinics	} 1	4 {	7	4	7
Post-Natal clinics			4	4	4
Clinics provided by voluntary organisations					
Ante-Natal clinics	1	12	794	594	3809
Post-Natal clinics	1	4	104	104	104

Arrangements with Medical Practitioners.

We have no arrangements with general practitioners for ante-natal and post-natal mothers to be examined.

Child Welfare Clinics.

Infant Welfare Centres are provided at Broad Street, Queen's Road, Ovenden, Luddenden, Siddal, Northowram and Illingworth. The Northgate Centre is a whole-time clinic. The other clinics are situated in Church Schools and sessions are held as follows:—

Queen's Road clinic	Two sessions weekly Tuesday	(A.M. and Aft.).
Ovenden clinic	... One session weekly (Wednesday) (Aft.).	
Mixenden clinic	... One session weekly (Monday) (Aft.).	
Siddall clinic	... One session weekly (Monday) (A.M.).	
Northowram	... One session weekly (Wednesday) (Aft.).	
Illingworth	... One session weekly (Fridays) (Aft.).	

Arrangements have been made for a Clinic to be held at the Mixenden Church Hall, as from the 16th January, 1956.

Centres provided by	No. of centres provided at end of year	No. of C.W. sessions now held per month at centres in col. (2)	No. of children who first attended a centre of this L.H.A. during the year, and who at their first attendance were under 1 year of age (4)	No. of children who attended during the year and who were born in			Total no. of children who attended during the year	No. of attendances during the year made by children who at the date of attendance were		
				1955	1954	1953-50		Under Under year (9)	1 but under 2 (10)	2 but under 5 (11)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
L.H.A.	7	39	978	834	778	1,100	2,712	10,709	2,517	2,424
Vol. Org.	—	—	—	—	—	—	—	—	—	—

Artificial Sunlight.

Number of sessions	...	...	...	...	...	142
Number of cases treated	...	...	...	...	...	131
Number of attendances	...	...	...	...	...	1,625
Average attendance at each session	...	...	...	...	...	11

Supply of Dried Milk, etc.

Dried Milk was distributed at the C.W. Clinics to the extent of:

Cow and Gate	...	...	...	...	2,161 cartons
Ostermilk	...	...	...	...	4,372 „
Trufood	...	...	...	...	2,233 „

In addition, National Dried Milk, Cod Liver Oil, and Orange Juice were issued at all clinics, to the extent of:

N.D.M.	...	...	...	...	37,715 cartons
Orange Juice	...	...	...	...	62,221 bottles
Cod Liver Oil	...	...	...	...	12,439 „
Vitamin A and D	...	...	...	...	4,430 tablets

Infant Mortality.

There were 30 deaths of infants under 1 year.

12 died under 24 hours.

5 died under 1 week.

4 died under 1 month.

9 died between 1 month and 1 year.

Day Nurseries.

The Local Authority provides two Day Nurseries, one at Ling Bob, Pellon, and one at Craigie Lea, Ovenden.

	No.	No. of Approved Places		No. of children on register at end of year		Average daily attendance during year	
		0—2	2—5	0—2	2—5	0—2	2—5
Nurseries maintained by Council	2	50	63	56	80	43	62
Nurseries maintained by Voluntary Organisations	—	—	—	—	—	—	—

No. of approved places	...	...	...	Craigie Lea	65
	...	...	...	Ling Bob	48
Average daily attendance	...	...	...	Craigie Lea	67
	...	...	...	Ling Bob	38

Nurseries and Child-Minders' Regulation Act, 1948.

	Number registered at 31st December, 1955	Number of Children provided for
Premises ...	—	—
Daily Minders	1	3

Registration of Nursing Homes (Section 187 to 194 of Public Health Act, 1936).

	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Homes first registered during 1955	—	—	—	—
Homes on the register at the end of 1955 ..	1	—	12	12

Mother and Baby Home.

The Halifax Rural Deanery Moral Welfare Council administer a Mother and Baby Home at St. Margaret's House, 8, Balmoral Place, as agents of the Halifax Corporation. Under an agreement between the Council and the Moral Welfare Council the Corporation agree to pay five-sixths of the costs of maintenance.

No of Beds.

(1) Total Beds (excluding Maternity, Labour and Cots) ...	10
(2) Labour Beds	0
(3) Cots	6
(4) No. of admission (ignoring re-admissions after confinement during the year)	42
(5) No. of admissions in col. (4) for which the authority was responsible	15

Average Length of Stay.

(a) Ante-Natal	6 weeks
(b) Post-Natal*	6 weeks

No. of cases sent to other homes (payment being made on an "ad hoc" basis).

- (1) Expectant Mothers—1.
- (2) Post Natal Cases—0.

*Exclusive of lying in period.

I am indebted to Miss Westwood, Moral Welfare Worker, for the following notes on the work of the Home during 1955:—

During the year from the County Borough thirty-seven unmarried mothers and ten married women with illegitimate children were referred to us. Seven of these were resident at St. Margaret's for the last weeks of the ante-natal period and for the immediate post-natal period, one until she was admitted to Hospital and two mothers and babies after the confinement. St. Margaret's House has been continuously used throughout the year despite the fact that there has been no Matron since the middle of August when the last Matron left. It has not yet been possible to fill the vacancy.

The majority of girls are fortunately in touch with St. Margaret's some time before their confinement so that it is possible to ensure that they have proper ante-natal care and to encourage them to make use of the services and benefits which are available for their welfare. Afterwards contact is maintained wherever possible with the mothers until the most satisfactory arrangements within the circumstances, can be made for the child's security.

At the end of the year the position of the thirty-seven **unmarried mothers** (fifteen were under twenty-one) was as follows:—

- 6 mothers were with their babies and living at home.
- 2 mothers were in lodgings with their babies.
- 2 mothers were with their babies and living with relations.
- 1 mother was with her baby in a Mother and Baby Hostel.
- 4 mothers married.
- 7 babies were with adopters.
- 2 babies were in voluntary residential nurseries.
- 1 expectant mother left the district.
- 1 mother's present position not known.
- 2 mothers and babies were resident at St. Margaret's.
- 10 were expectant mothers.

Married Women (two aged nineteen).

- 5 expectant mothers were living with their babies in their own homes.
- 1 expectant mother left the district.
- 3 babies were with adopters.
- 1 was an expectant mother.

I am indebted to Mr. Franklyn Brook (Speech Therapist) for the following report:—

The Speech Therapy department of The M. & C. Welfare Centre has nearly completed four years' of preventive work; nearly a hundred children have been seen during this period. The majority of the patients who attended were troubled by the more severe types of speech disorder, such as stammering, seriously delayed speech. It is pleasing to note, that of all the children discharged as "progressing satisfactorily," none has been found to need further speech therapy after commencing school life. On the other hand, two or three children whose parents failed to keep their appointments have been referred at a later date to the L.E.A. Speech Clinic by the School Medical Officer. In a few other instances children have had to be transferred to the L.E.A. Speech Clinic for a continuation of speech therapy, having entered school before reaching a satisfactory standard in speech.

The following summary gives some idea of the work carried out during the past year:—

No. of sessions held	...	...	...	...	39
No. of appointments kept	...	...	...	...	121
No. of children seen	...	...	...	...	34

Classification of patients according to symptom:—

Seriously delayed speech	...	...	...	...	9
Aphasia (Language disorders)	...	...	...	...	3
Severe articulative defects	...	...	...	...	6
Cleft Palate Speech	...	...	...	...	1
Idioglossia (emotional retardation)	...	...	...	...	6
Stammering	...	...	...	...	5
Alalia (without any speech)	...	...	...	...	4

Sixteen children were discharged during the year following successful adjustment of their speech difficulties. By arrangement with the Medical Officers concerned, one child was recommended for transfer to Occupation Centre, and another for transfer to Special School for The Deaf. Two others were transferred to the L.E.A. Speech Clinic; three children had to be discharged because their parents did not co-operate.

Dental Care.

I am indebted to Mr. F. Richardson (Principal School Dental Officer) for the following details relative to dental care of pre-school children:—

1. No. of sessions (i.e. equivalent to complete half days) devoted to Maternity and Child Welfare patients during the year ... 57

2. Dental Treatment Return.

(a) Expectant and Nursing mothers provided with care.

No. examined	...	...	...	...	...	...	83
No. needing treatment	...	...	...	...	...	...	79
No. treated	...	...	...	...	...	...	82
No. made dentally fit	...	...	...	...	...	...	55

Children Under Five.

No. examined	...	...	...	...	...	...	120
No. needing treatment	...	...	...	...	...	...	117
No. treated	...	...	...	...	...	...	117
No. made dentally fit	...	...	...	...	...	...	26

(b) Forms of dental treatment provided.

					Expectant and Nursing Mothers	Children Under 5
Scalings and Gum Treatment	...	...			6	—
Fillings	...	...	...	...	8	12
Silver nitrate treatment	...	...	...		—	13
Crowns or inlays	...	...	...		—	—
Extractions	...	...	...	...	373	194
General anæsthetics	...	...	...		35	107
Dentures provided—						
Full upper or lower	...	...	...		65	—
Partial upper or lower	...	...			19	—
Radiographs	...	...	...	...	6	—

Section 23

MIDWIFERY.

The Domiciliary Midwifery Service is carried out through the agency of the Halifax District Nursing Association and I am indebted to the Superintendent (Miss Savage) for the following details.

Midwives.

	Number of Midwives practising in the area of the Authority at 31st December, 1955		
	Domiciliary Midwives	Midwives in Institutions	Total
Midwives employed by the Authority	—	—	—
Midwives employed by Voluntary Organisations			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of National Health Service Act	6	—	6
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—
Midwives employed Hospital Management Committee, etc.	—	15	15
Midwives in Private Practice	4	—	4
TOTALS	10	15	25

Maternity Cases Attended.

	Number of Maternity Cases in the Area of the Local Supervising Authority attended by Midwives during 1955					
	Domiciliary Cases		Cases in Institutions		Total	
	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses
Midwives employed by the Authority	—	—	—	—	—	—
Midwives employed by Voluntary Organisations.						
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of National Health Service Act)	429	24	—	—	429	24
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act	—	—	—	—	—	—
Midwives employed by Hospital Management Committees, etc.	—	—	902	1006	902	1006
Midwives in Private Practice	2	7	—	—	2	7
TOTALS	431	31	902	1006	1333	1037

Medical Aid under Section 14 (1) of the Midwives Act, 1918.

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1918, by a Midwife:—

(a) For Domiciliary Cases:—

(i) Where the Medical Practitioner has arranged to provide the patient with maternity medical services under the National Health Service	160
(ii) Others	41

Medical Aid Forms received during the year on behalf of child 66

Of these:

Prematurity	3
Vomiting	3
Loose Stools	1
Bilateral Talipes	2
Vomiting blood	1
Asphyxia	6
Discharging eyes	12
Purulent discharge from penis	1
Colds	12
Inflamed eye	3
Artificial feeding	2
Poor condition	8
Cerebral symptoms	1
Oedema of feet	1
Oedema of pubes	1
Shrill cry	1
Persistent jaundice	3
Query mongolism	1
Rash on body	3
Swollen and distended abdomen	1

Notification received in accordance with C.M.B. Rules:—

Intention to resort to artificial feeding	65
Notification of stillbirth	2
Notification of having laid out dead body	2
Liable to be source of infection	6

Section 24

HEALTH VISITING.

Health Visitors undertake the care and after-care of sick patients and are in close touch with the local practitioners and hospital almoners.

Visiting is undertaken in connection with the Child Minders Regulations Act, 1948 (Section 7) and the Midwives Act, 1951 (Section 17).

Three Student Health Visitors qualified and were transferred to the staff as health visitors.

	No. of Health Visitors employed at end of year		No. of Visits paid by Health Visitors during the year						
			Expectant Mothers		Children under 1 year of age		Children between the age of 1—5	T.B.	Other Cases
	Whole Time on Health Visiting	Part Time on Health Visiting	First Visits	Total Visits	First Visits	Total Visits	Total Visits		
1955	9	—	167	314	1442	5382	10889	1093	4745

One Health Visitor has attended 73 Special Treatment Clinics throughout the year, and has paid 73 visits in connection with this work.

Section 25

HOME NURSING.

The Halifax and District Nursing Association carry out the Home Nursing Service as agents of the Corporation, which is adequate to meet the needs of the Borough. The Local Authority have equal representation on the Joint Committee.

CLASSIFICATION OF CASES (Home Nursing).

							Cases	Visits
On books 1st January, 1955	...	...	...	...	...	...	408	—
Medical	...	...	...	...	...	...	1,486	44,915
Surgical	...	...	...	...	...	...	492	12,802
Tuberculosis	...	...	...	...	...	...	11	467
Infectious Diseases (Gen.)	...	...	...	...	...	...	19	85
Complicated Mid and Mat.	...	...	...	...	...	...	12	175
Others	...	...	...	...	...	...	—	16
TOTAL CASES, 1955							2,428	58,460
,, ,, 1954							2,135	51,098

CASES COMPLETED, 1955 ... 1,971

REMAINING CASES 31st December, 1955 ... 457

Number of Home Nurses employed at the end of the year:—

Whole-time on Home Nursing	...	17
Part-time on Home Nursing	...	1
(Equivalent whole-time)	...	17½

Section 26

VACCINATION AND IMMUNISATION.

Diphtheria Immunisation.

Children under 5—

Children in this group are immunised either at the Child Welfare Clinic or by doctors (chosen by parents) taking part in the Authority's arrangements. Doctors are supplied free with immunising agents.

Immunisation is encouraged by the Medical Officer of Health, by Public Health Lectures, and by the Public Health Department Staff.

Children of school age—

Children in this group are immunised at the School Clinic or by doctors chosen by the parents. Details will be found in the separate report on the School Medical Service.

No. of Children who completed a full course of Primary Immunisation in the period ending 31st December, 1955		
Age at date of Final Injection		Total
Under 5	5—14	
725	88	813

Total No. of Children who were given a secondary or Reinforcing Injection
During 12 months ending 31st December, 1955
510

Vaccination.

Medical arrangement in respect of vaccination are the same as those in operation for immunisation. In the event of an outbreak of smallpox, the Child Welfare and School Clinics will be used as emergency vaccination centres, and general practitioners will be asked to co-operate either at their own surgeries or at the emergency vaccination centres.

The public are kept constantly informed of the facilities provided for free vaccination.

No. of persons Vaccinated (or re-vaccinated) during period:—

Age at 31st Dec. 1955	Under 1	1—4	5—14	15 or over	Total 1955	1954
No. Vaccinated	243	103	15	46	407	322
No. Re-vaccinated	1	9	7	110	127	173

Section 27

AMBULANCE SERVICE

I am indebted to Mr. H. Hudson, Interim Ambulance Controller, for the following report:—

The Halifax Ambulance Service continued to operate throughout the year in accordance with the provisions of Section 27 of the National Health Service Act, 1946, as amended by Section 24 of the National Health Service (Amendment) Act, 1949.

The fleet at the end of the year was made up of the following vehicles:—

Ambulances:—

1 Morris	...	...	1953	25 h.p.
1 Morris	...	...	1952	25 h.p.
2 Morris	...	...	1949	25 h.p.
2 Bedford	...	...	1949	27 h.p.
1 Austin	...	...	1949	16 h.p.
1 Austin	...	...	1948	16 h.p.
1 Bedford Spermobus	...	...	1950	27 h.p.

Cars:—

1 Austin Car	...	...	1946	12 h.p.
1 Vauxhall Car	...	...	1949	12 h.p.

The Vauxhall car is to be replaced by a 12 h.p. Bedford Lever "Lancastrian" Minor Ambulance Sitting Case bus which will carry either 9 sitting cases or 1 stretcher and 4/5 sitting cases. This, undoubtedly, will be a decided asset to the Service and should tend to ease the heavy pressure which has been experienced for some years. It is recommended that the two Austin Ambulances, which are ready for taking off the road, should be replaced with these handy and serviceable Bedford Ambulance/Sitting-Case buses.

During the year, a full-time Ambulance Officer was appointed. He resigned after three months' service. I was asked to carry on until his successor took over in the new year.

Staff: During the year, after Mr. Galloway took over the post of full-time Ambulance Officer, four of the men were promoted to shift leaders and this has been a decided improvement in the control. These men are able to take over much of the control of service when the Ambulance Officer is not available. The administration is still, and will continue to be, performed by myself as Administrative Officer of the Health Department.

The establishment at the end of the year was—

- 1 Ambulance Officer (vacant).
- 4 Shift Leaders.
- 16 Driver Attendants.
- 2 Telephonists.

Although the number of men has increased, the number of hours worked remain practically the same; an adjustment being made in the overtime previously incurred. The present system has been a great improvement and the service should work much more smoothly when an ambulance officer is appointed and settles down.

First Aid courses are held at the Depot under the direction of Mr. W. Fitton (Shift Leader). At the end of the year two of the later entrants were not qualified. A further course is arranged for early in 1956 and these two men will sit their examination at the end of this series of classes.

Maintenance of the fleet continues to be undertaken by the Transport Department and the ready help and advice received from the Manager, Mr. Hands, is much appreciated.

Year after year, since my engagement as Ambulance Controller, I have emphasized in my report to you, the inadequate depot accommodation at Dryclough Lane and the inconvenience caused by the moving of vehicles to and from the Transport Department, Water Lane, daily.

As the Police and Fire Services are already on radio control, I am of the opinion that the ambulance service, with its 24 hourly demand from the medical and nursing services and the important part it plays in the treatment of the sick should be also. Enquiries are being made as to whether it would not be possible for our service to be linked up with the other two services already on radio control.

Again, the total mileage during the year has increased. Far more sitting cases have been carried and, on investigation, I find that the demands on the Hospital Services has increased, particularly the fracture clinics having been very busy. The majority of the patients attending these clinics require ambulance transport.

Apart from accidents, the ambulance and car services are on the recommendation of the general practitioners and the hospital authorities. The number of patients transported during the year was 19,862 as compared with 17,723 in the previous year.

On medical recommendation, patients are sent by rail where it is possible and during 1953, 33 patients were transferred by this method, with an estimated road distance of 4,000 miles. In 1954, 22 patients were sent by rail with an estimated road distance of 2,189, whilst in 1953, seven patients only were conveyed by rail with an estimated road distance of 630.

In addition, the British Red Cross have served us to the extent of the transfer of 15 patients covering 1,350 miles. The Transport Service has also transferred many sitting cases to Storthes Hall. This is necessary on account of the urgency of the cases and a car from our own service not being available at the time of need.

We continue to carry West Riding patients from the Calder Valley area to and from the Halifax Hospitals and the mileage incurred in this respect during 1955 was—

	Ambulances	Cars
	17,495	18,461
As compared with 1954 ...	17,400	13,936

One of the most disquieting factors as far as Halifax and similarly placed towns or cities are concerned, is the rule that patients admitted to their hospitals from outside areas requiring transfer to alternative areas other than those from which they have come, are the responsibility of the health authority in whose area the hospital is at the time of requirement. There are several patients admitted to the Halifax hospitals from the West Riding area and very often, after a short stay, require to be moved to other hospitals or addresses not in the West Riding area. This means that the transport of such cases becomes the responsibility of your authority. I respectfully suggest that there should be an alteration or amendment to the present out-of-date and somewhat ridiculous rule. Recently, a request was made by a local hospital for the transfer of a child who had been admitted from another area, to a convalescent home in the South. When enquiries were made as to the reason for the patient being transferred direct from hospital and not from his private address, the explanation was that the Home would only admit patients direct from hospital. This meant that the Halifax Authority had to carry the additional financial and administrative responsibility in relation to this transfer, whereas had the patient been transferred from his own home, the Authority in whose area he resided, would have been responsible.

	No. of Vehicles in service 31st Dec.		Total No. of Journeys during the year	Total No. of Patients carried during the year	No. of Accidents and other Emergency Journeys incl. in Col. 3	Total Mileage during the year	No. of paid whole-time Staff at 31st Dec.
1950	Ambul'ces	8	8,295	10,530	875	87,064	20 1 Asst. Controller
	Cars Car/Amb.	2 1	} 4,164	8,618	7	37,651	
1951	Ambul'ces	8	8,466	10,263	945	82,624	20 1 Asst. Controller
	Cars Car/Amb.	2 1	} 4,173	11,495	5	44,773	
1952	Ambul'ces	8	9,351	12,920	894	89,474	20 1 Asst. Controller
	Cars Car/Amb.	2 1	} 4,244	11,412	2	46,318	
1953	Ambul'ces	8	9,123	12,785	883	83,228	20 1 Depot Supt.
	Cars Car/Amb.	2 1	} 4,336	11,277	9	42,600	
1954	Ambul'ces	8	9,343	13,076	797	82,926	20
	Cars Car/Amb.	2 1	} 4,743	12,589	6	44,258	1 Depot Supt.
1955	Ambul'ces	8	9,297	14,532	928	82,454	22 1 Amb. Offr. (Vacant)
	Cars Car/Amb.	2 1	} 4,543	12,932	20	51,398	

In conclusion, may I express my appreciation and thanks to the Health Committee, Medical Officer of Health, Ambulance Personnel, members of the Health Department clerical staff, officials of other departments, the British Red Cross and St. John's Ambulance Association, for their ready and invaluable assistance and co-operation during my term of office as part-time Ambulance Controller.

Section 28

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Convalescent Home Treatment.

Convalescent Home Treatment is available for those who need a recuperation period before returning to their normal duties. A medical certificate is obtained from the patient's own doctor recommending a period of convalescence and if no actual treatment is required, the applications are dealt with as vacancies occur in the Homes at St. Annes-on-Sea and Ilkley. Twenty-seven cases were admitted during 1955.

Loan Equipment.

During 1955, 522 patients were issued with various items of loan equipment. The most called for items included air-rings, bed-pans, bedrests, and mackintosh sheets. In addition urinals, bed-cradles, wheel chairs, crutches, feeding-cups were issued. Our present list of loan equipment includes the following items:—

Air Rings.	Sputum Flasks.
Bed Rests.	Urinals.
Enamel Bowls.	Water Beds.
Bed Cradles.	Air Beds.
Bed Pans.	Wheel Chairs.
Crutches.	Syringes.
Feeding Cups.	Eye Undines.
Hot Water Bottles.	Bed Tables.
Inhalers.	Spinal Carriages.
Mackintosh Sheets.	Latex Foam Mattresses.

Special equipment is provided for paraplegics for use at their own homes. Periodical checks on the articles are made by the health visitors.

PUBLIC HEALTH LECTURES.

Title	Delivered by
Cancer of the Lung and Smoking	Dr. G. C. F. Roe
Amentia	„
Coronary Thrombosis	„
Athero-sclerosis	„
Poliomyelitis	„
The Riddle of Cancer	„
Virus Diseases	„
Mental Breakdown	„
Ulcer of the Stomach	„
Precarious Lives	„
Acute Rheumatism	„
Food Hygiene	Mr. H. Margerison
Atmospheric Pollution	„
Prevention of Dysentery	„
Personal Hygiene with special references to food	„

Venereal Diseases.

The usual source of infection is a human being suffering from the disease—syphilis or gonorrhœa. Infection is most commonly acquired by sexual intercourse. The control of the venereal disease is as much a social as it is a medical problem. From the strictly medical aspect, the first aim is the prompt diagnosis and efficient treatment of patients with a view to rendering them non-effective. Among the general measures directed towards the prevention of venereal disease, the most important is the provision of instruction for adolescents in sex knowledge and for young adults in the risks of illicit intercourse. A number of infections are contracted while under the influence of alcohol, which not only inhibits the control of the higher centres, but also renders the individual less capable of taking precautions which, if sober, he might use.

The following figures refer to local patients attending Treatment Centres:—

Number of persons dealt with for the first time during the year, and found to be suffering from

	Local Clinic	Other Clinics
Syphilis 	10	—
Gonorrhœa 	20	—
Other Conditions 	89	—
	<hr/>	<hr/>
Total	119	0

Pathological Work.

Microscopical:—

Specimens examined at
Treatment Centre

For Syphilis	...	...	...	...	—
Others	...	...	...	...	686

Attendances.

	Syphilis		Gonor- rhoea		Other Conditions		TOTALS		
	M	F	M	F	M	F	M	F	Total
For individual attention by Medical Officers ...	663	921	161	60	532	206	1356	1187	2543
For intermediate Treatment	473	410	23	18	114	10	610	438	1048

TUBERCULOSIS.

I am indebted to Dr. W. Smith (Chest Physician) for the following details:—

Chest Clinics at the Royal Halifax Infirmary.

On Mondays Afternoon

Fridays Afternoon

Alternate Wednesdays Morning

Number of patients notified as suffering from Tuber-
culosis during the year 1955 from the County
Borough of Halifax 105

Approximate 1,565 attendances were made by patients of the County Borough of Halifax at the local Chest Clinics during the period under review.

Note.

As far as possible, all contacts of known cases of active tuber-
culosis are clinically and radiologically examined.

MASS RADIOGRAPHY.

Statistical Data.

Report on Mass Radiography Survey held in Halifax.

September/October, 1955.

Analysis of Provisional Findings

	Males	Females	Total
Number of Miniature X-rays taken	1,474	1,790	3,264
Number of Large films taken ...	102	92	194

Analysis of Provisional Findings

Cases of Active Tuberculosis ...	11	2	13
Cases of Inactive Tuberculosis ...	21	11	32
Other Abnormalities ...	47	56	103

Section 29

DOMESTIC HELP SERVICE

The service is in charge of one Domestic Help Organiser (Miss Wiley).

No. of whole-time helps employed at the end of the year 10

No. of part-time helps employed at the end of the year 32

The following details give a bird's-eye view of the work done during the year:—

No. of applications for assistance during the year ... 428

No. of cases where help was given in respect of:—

(a) General and chronic sickness ...	86
(b) Old people ...	241
(c) Tuberculosis ...	—
(d) Blind people ...	6
(e) Maternity ...	95

Section 51

MENTAL HEALTH SERVICE.

I am indebted to Mr. S. Parkinson, Senior Authorised Officer, for the following report:—

The number of persons suffering from mental illness with whom the Mental Health Service was concerned during the year reached a new high level when a total of 292 patients were referred, involving some 2,668 visits.

In addition 20 new cases of mental handicap (mental deficiency) were ascertained, thus bringing the total known Halifax cases to 282, of whom 143 are in hospital. In respect of mental deficiency a further 1,186 visits were made in 1955.

Since the unexpected resignation (on health grounds) of the female officer in January much additional work has fallen upon the two remaining officers; consequently, the Mental Health Service has operated under a handicap for almost the whole of the period under review. This was also the first full working year of the Occupation Centre (discussed in more detail on page 51) and the Centre has added considerably to the work of this Section of the Health Department. Replacement of the female officer or provision of a Trainee Officer/Clerk is fast becoming an absolute necessity if this Service is to function effectively. At present no clerical assistance is provided in the Section although the need was recognised in 1948 when the number of clerks in the Department was increased. The local mental health statistics have shown a steady rise over the years since 1948, but the staff concerned (with the exception of the Occupation Centre staff) is now smaller than at any time in the past. During the year it has been necessary for Authorised Officers to devote at least two evenings each week to visiting in the districts or work in the office. Evening visiting has always been necessary from time to time in the past (e.g. to patients receiving After-care who have resumed work, or to those mentally handicapped in the community who are at work during the day) as in social work of this nature a certain amount of work can only be accomplished in the evenings. However, in 1955, much more visiting has had to be done during evenings, and unsatisfactory though this may be, it has been necessary in order to keep pace with the work which now involves annually the mental welfare of some 400-450 patients. The amount of work done during the year is reflected in the increased cost of cars hired for mental health purposes. It is likely that these costs will again rise in 1956—especially if the proposal to establish a Psychiatric Unit for Halifax patients in the Bradford area is adopted. It is the intention of the Local Health Authority to increase the number of places at the Occupation Centre in 1956 to accommodate more children, and embryonic plans are

being made for the provision of further (Industrial) Occupation Centre facilities for older persons; but much of this work cannot be attempted without an increase in the staff of the Mental Health Section.

Mention was made last year in this Report of the large increase in the number of patients entering mental hospitals on a voluntary basis and it is gratifying to report that during 1955, no less than 78 per cent. of the total admissions were of that category. Much more use is now being made of the mental hospitals than formerly, and if more accommodation (together with the necessary medical and nursing staff) was available, the number of voluntary admissions would be event greater.

The Mental Health Service is under the control and direction of the Medical Officer of Health and it embraces (a) mental illness, (b) mental deficiency, and (c) After-care scheme for both. The work is at present undertaken by two male Authorised Officers acting as mental health workers; they carry out all duties including the social work of this comprehensive Service. There is an Occupation Centre in the County Borough for thirty children of school age, this is staffed by a Supervisor and two Assistants; in addition there is a part-time Meals Server and a full-time Caretaker/Handyman.

In addition to the Medical Officer of Health, the following medical practitioners are ancilliary to the Department for mental health purposes:

Approved by the Board of Control for the purposes of the Mental Treatment Act, 1930:—

H. I. DEITCH, M.S., M.B., F.R.C.S., L.R.C.P.

*WILLIAM CRAIG, M.B., Ch.B.

WILLIS H. CRAVEN, B.Sc., M.B., Ch.B., D.T.M.

Approved by the Local Health Authority for the purposes of the Mental Deficiency Acts, 1913-38:—

WILFRID SMITH, M.Sc., M.B., B.Ch., B.A.O.

EMILY J. RUANE, M.B., B.Ch., B.A.O.

* (also Medical Officer to the Halifax Visitors (Justices) pursuant to the Lunacy and Mental Deficiency Acts.)

It continues to be the practice of the Local Health Authority to deal with mental health matters through a special Sub-Committee formed from members of the Health Committee. The Sub-Committee met at quarterly intervals during 1955. No duties in mental health are delegated to voluntary associations.

The instructions for preparing this Report (contained in Circ. 28 of 1954) have been complied with and the Report embraces for

the first time examples of the work actually done in typical cases during the year.

In general, the work of the Mental Health Service continued much along the lines of earlier years; the greater part of the patients were referred by general practitioners. Occasionally relatives of patients sought assistance and a few cases came to light through police channels—the latter source when the patient had become something of a social problem in the community. On investigation a number of cases proved to be of a minor character and environmental stresses of a domestic or occupational nature the cause. In many instances circumstances could be fairly easily resolved by the patient if a logical solution of practical application was suggested; but there were others so overwhelmed with real or exaggerated difficulties that a strong feeling of hopelessness existed.

Halifax is in the catchment area of Storthes Hall (mental) Hospital at Kirkburton and the greater part of the admissions to hospital from the County Borough are to this Hospital, though a few patients have entered other mental hospitals in the Region each year since 1948. During 1955, arrangements were made for eight such patients (5 men and 3 women) to be admitted for personal or particular reasons to hospitals as follows: The Retreat, York (3); Scalebor Park, Burley-in-Wharfedale (3); and St. James's Hospital (Psychiatric Unit), Leeds (2). Six of these admissions were under the Mental Treatment Act, 1930, section 1 and two under section 5. In respect of one of the patients (c/p 1013) admitted to St. James's Hospital, considerable social work was undertaken:

The patient in this instance was a married man aged 35 years and the father of two children, aged 9 and 2 years. For over ten years he had exhibited many neurotic traits which had become more marked since the birth of the second child. There was a considerable amount of tension in the home which was affecting the health of his wife and the elder child in particular. At the request of the general practitioner several visits were made to the patient over a period of time, eventually he was persuaded to have hospital treatment. As soon as this was agreed, arrangements were made for the elder child—a pale, thin, nervous youngster—to spend two weeks' holiday at a moorland children's holiday home. Simultaneously, other directions were explored to obtain some respite for his wife who was near breaking point due to tension and stringent financial circumstances. With the co-operation of the family doctor, it was ultimately arranged for her to have a week's holiday in the Yorkshire Dales; and a further concession was obtained which allowed her to take along the two-year-old child also. The dispersal of all the members of the family as outlined above enabled the house to be closed for the period, and the various "moves" were arranged to coincide. In fact the dovetailing of the arrangements created a small difficulty in respect of the nine-year-old child, who was

due to be confirmed at a Roman Catholic church in a neighbouring town during the period of the holiday and whilst the mother was also away. The situation was resolved by an approach to the local branch of the Catenian Association, whose members offered to provide transport for the child from the holiday home to the church and back. With this last detail settled, all arrangements proceeded smoothly. The financial cost to the Mental Health Service was nil and to the family, the only item being the wife's own bus fare from home to the station. From the latter point a free return ticket to the guest house was provided. After six weeks' treatment in hospital the father returned home in better condition. His wife and children were more able to bear with his many idiosyncracies—some details of which had come to light during treatment. Guidance on these matters had been given to his wife by the psychiatrists and she had greater insight into some of her husband's difficulties. This patient had many long-standing complexes and was considered likely to require After-care for some time, and though at the end of the year the case could not be regarded as entirely satisfactory, the limitations of the patient were more clearly understood.

Two male patients during 1955 underwent a course of training at the Leeds Industrial Rehabilitation Unit following periods in hospital, and in one particular case, the outcome was most satisfactory:

The patient in this instance being a single man aged 27 of superior intelligence and good education. Arising from personal difficulties at work and with his parents with whom he resided, he left home in circumstances which caused them to believe that he was staying with friends. He was found some days later aimlessly wandering in parkland by the police to whom he indicated his intentions of taking his life. He was dirty, unkempt and had been sleeping each night in the open. He was without means and had had no food for two days. When apprehended by the police he expressed great relief, for as the days had passed he had found it increasingly impossible to return home. He was admitted by an Authorised Officer to a local hospital (Section 20) pending further inquiries. After two days he was transferred as a voluntary patient to a mental hospital. He made good progress and upon discharge sought the help of the Officer regarding employment having lost his previous work. Matters were taken up with the Ministry of Labour and arrangements made for him to go to the I.R.U. for eight weeks; the patient travelled daily to Leeds by bus, his fares being refunded by the Ministry of Labour. At the end of the course he was considered suitable (and extremely desirous) to begin a course in electronics, to commence in Bristol in May, 1956, and the patient has been accepted. In the intervals between the two courses employment has been found locally, and at the end of the year he was working pro-tem as a store-keeper.

It continues to be our local practice to deal with home circumstances of patient as soon as they enter hospital (if domestic matters so require) and not wait until discharge of the patient is imminent. This method has a two-fold advantage: (i) There is more time available, and (ii) whilst the patient is in hospital he is made aware (either officially through the hospital or by relatives) of affairs at home. The patient feels less isolated and the practice is conducive to a more co-operative attitude towards treatment. Consequently, in these circumstances it is difficult to define precisely the beginning of "After-care"—and it may go on for as long as there is a need. In 1948 a standardised Form of Application for After-care was devised by the Regional Hospital Board, this was issued to all mental hospitals for their use when referring patients about to be discharged to local health authorities for After-care. Since 1948 only two patients have been referred by Storthes Hall Hospital to this Local Health Authority in this way. Whether patients leaving the Hospital decline the offer of After-care, or are considered not to require it, or whether they are indeed asked about the subject is a matter of conjecture. Despite this, however, and what may appear to be a potential break in the continuity of the care of patients, this is not so in practice, there is very effective liaison at fieldwork level. All efforts to resettle ex-patients are jointly undertaken by the Social Worker of the Hospital and this Authority's staff. All arrangements are agreed upon between them and, there are regular meetings to co-ordinate action. In this way knowledge of local conditions and opportunities are fully utilised and as the Hospital's worker is in contact with the doctor in charge of the patient's ward, a workable plan can be evolved in most cases without difficulty. How such matters as may be decided upon are put into operation, matters little between the workers concerned—so long as the job is done—few patients are unaware of anything but a complete Service functioning as a whole. This has been the local practice since the Appointed Day in 1948 and it has proved successful.

The following Table (A) shows the discharges of Halifax patients from Storthes Hall Hospital during 1955, and comprehensive statistics relating to the work done in cases of mental illness will be found on page 40.

TABLE "A"

DISCHARGE OF PATIENTS (mental illness)

Status	Not Improved	Relieved	Recovered
Certified		*71%	29%
Voluntary	23%	44%	33%

* Patients discharged from Hospital on the application of a relative under Lunacy Act, 1890, Section 72.

The following Table (B) shows in age groups and sexes the cases of mental illness dealt with during the year. Comparable figures are also shown for previous years and for convenience the incidence is shown in percentile form:

TABLE “ B ”

Age Groups	MALES					FEMALES				
	1955	1954	1953	1952	1951	1955	1954	1953	1952	1951
Under 21	3·97	1·03	5·71	6·67	5·38	3·61	1·85	4·96	2·40	4·52
21 to 30	14·29	14·43	15·24	17·14	18·28	12·65	14·20	19·86	14·40	12·26
31 to 40	28·57	29·91	26·67	25·71	19·35	19·88	12·96	15·60	16·00	7·74
41 to 50	15·08	24·74	22·86	12·38	15·05	14·46	14·82	13·48	9·60	11·61
51 to 60	11·90	11·34	8·57	16·19	7·53	18·67	24·07	20·57	23·20	18·06
61 to 70	12·70	13·40	13·33	14·29	18·28	17·48	17·28	16·31	12·80	21·29
Over 70	13·49	5·15	7·62	7·62	16·13	13·25	14·82	9·22	21·60	24·52

TABLE “ C ”

Under the Lunacy and Mental Treatment Acts, 1890-1930 by Duly Authorised Officers.

	1955	1954	1953	1952	1951
Total number of cases referred to Mental Health Service	292	259	246	233	248
Total number of visits paid by Authorised Officers	2668	2633	2807	2762	2580
PREVENTION					
Cases dealt with by preventive measures ..	70	62	62	54	38
CARE					
(i) Cases referred for accommodation under National Assistance Act, 1948 (Part III)	1	3	8	5	5
(ii) Cases referred to Hospital Management Committee under National Health Service Act, 1946	17	19	17	22	39
(iii) Cases dealt with by Authorised Officers under Lunacy Acts, 1890-1:					
Sections 4 and 5					—
Section 16					38
Section 20					27
Section 21					—
Section 22					2
	67	62	88	89	117
(iv) Cases dealt with under Mental Treatment Act, 1930	137	118	81	69	65
(v) Cases dealt with by this Local Health Authority on behalf of other local health authorities	11	19	16	24	25
(vi) Cases dealt with by other local health authorities on behalf of this Local Health Authority	6	3	2	4	1
AFTER-CARE					
Number of patients afforded after-care during the year	36	28	41	50	36

Twenty new cases of mental handicap (mental deficiency) were notified during 1955. Of these, 15 were children referred under Section 57 of the Education Act, 1944; of the remainder 3 were reported by relatives of the patient and 1 by the Court. Of the twenty cases, 15 were placed under supervision (Mental Deficiency Act, 1913, s.30); 4 admitted to mental deficiency hospitals and in 1 case no action was considered necessary.

During the year five names were added to the list of those awaiting admission to hospital and three patients were admitted from the list. On the 31st December, 1955, there were still 10 patients awaiting vacancies. In the course of the year, seven children under 16 years were provided with periods of Short-term Care under the provisions of Circ. 5 of 1952. The system for obtaining periods of Short-term Care through a Sub-Regional Bed Bureau continued to work very well, and such cases always received considerate attention. The main reasons for requiring Short-term Care during the year were:—(a) sickness or pregnancy of the mother, (b) the family in need of a holiday, (c) rehabilitation of a “problem family,” and (d) in one instance only—to ease the situation of a large family who were moving house.

From time to time in recent years acute situations have arisen concerning elderly mentally defective persons in the community who had become bereaved of a surviving parent and were thus left in precarious circumstances. This is a matter which has had to be faced in increasing numbers over past years and one which is likely to continue at a greater rate for many years to come. These are middle-aged patients of both sexes. None of them is able to work, and most have been homebound since childhood and have been cared for by devoted parents. As the years have passed, one or other of the parents has died, leaving the other (also ageing and often in indifferent health) to shoulder the full burden. When sickness of the remaining parent arises, the position becomes acute—especially if there are no other relatives able to assist during crises. The following circumstances relating to such a case (c/p 177) which was dealt with in May is typical and illustrates the point:—

The patient was a single woman aged 48 who was of low mental grade. She had curvature of the spine and inarticulate speech. Though able to wash, dress, feed herself and perform simple tasks about the home, had never been outside the house unaccompanied. Her mother with whom she lived was 75 years

of age and a widow. The two had lived quietly together in a small house which was always a model of cleanliness. For some years the old lady had been under medical care for oedema, and though it had many times been suggested that the daughter might benefit from hospital care for a period the mother had been strongly opposed to the idea. She felt it her duty to provide a home for the daughter for as long as she was able. Early in 1955, the doctor attending the mother became concerned about her condition (carcinoma of the bowel was suspected) and he advised hospital treatment. This she declined because she would not leave the daughter to manage alone nor would she consider Short-term Care. There was only one known member of the family—an adopted son—but he was married and lived in London. His visits to the couple had been infrequent and irregular for many years. As the mother's condition deteriorated she became confined to bed and though neighbours helped to some extent, circumstances worsened and it became obvious to the old lady that matters were getting beyond her control. She then intimated her wish for arrangements to be made for her daughter's care, and for several days efforts were made to obtain a vacancy in a mental deficiency hospital, but without success. Ultimately, the mother's condition became serious and she was admitted to hospital. After she had left the house neighbours took charge of her daughter for a few hours, but none was willing to provide accommodation for the night. The mother was admitted to hospital at 10 a.m. and it was not until late that evening (after telephone calls had been made to many hospitals in the Region) that a bed was temporarily secured at Wakefield. The mother was informed of the arrangements and was greatly relieved. Four days later the old lady died in the local infirmary. Meantime the adopted son had been contacted, he journeyed to Halifax and was given assistance in clearing up the affairs so far as the patient was concerned through the Court of Protection.

Each year since about 1950, one or two mentally handicapped persons in middle life have been "discovered" in the community of whom the Mental Health Service has had no knowledge. Two such patients came to light during 1955, bringing the total in five years to nine (7 men and 2 women). The circumstances of these patients are brought to notice by relatives, and they may be regarded in sequel in some respects, to the case outlined in detail above. However, instead of hospital care being sought by the parents during their lifetime, that course has been avoided; the burden of eventually caring for the patient has been passed on after their death to a brother or sister. With the passing of time there has been mental and physical deterioration of the patient which has caused anxiety. Where habits have become gross members of the relative's household have raised strong objections to the continued presence of the patient. This has usually resulted in an approach to the

family doctor with a request that the patient should be "taken into a home"—the phrase most often used. The matter is then referred by him to this Authority.

Investigation of the case usually reveals without doubt that the patient is mentally defective "within the meaning of the Act" and that there has been little or no schooling in early life. It is very difficult to obtain much early history in these cases and it is often sketchy and incomplete. Whilst it is admitted that forty years or so ago the methods of ascertainment were by no means as complete as at the present time, it is found that many of these patients have led a life sheltered by the family almost to the point of secrecy—a practice characteristic of such matters in the past. When these cases come to light hospital care is the only solution possible, but there are extreme difficulties in obtaining beds in mental deficiency hospitals for them. There is a long waiting list for vacancies and as these cases have not previously been known to exist, their names have not been included. When this position is explained to relatives it causes much consternation. In one or two instances there have been threats to turn the patient out of the house in the belief that this will compel some action to be taken, but fortunately this step is rare. Vacancies have had to be found for six such unexpected cases since 1950.

It may be some consolation to realise that with the present system of notification through local education authorities in childhood and today's open-handedness about mental defect, those who come after in this work will not be faced with these unpleasant problems. Meanwhile the cases come to notice at intervals during the years and we do our best to cope with them and the difficult and acute social circumstances which bring them to light.

Whilst patients are in their care, hospital authorities request periodic reports from local health authorities about home circumstances. Similarly whilst patients are on licence, statutory progress reports have to be furnished at intervals to the hospitals concerned. There is no reciprocal obligation upon hospitals to inform local services about the condition of patients whom they propose to licence. When relatives of mentally defective patients apply for licence, the local mental health services are called upon to furnish reports on the condition under which the patient will reside in the community. The report has to embrace details of the prospect of employment. It is absurd to attempt this when little (sometimes nothing at all) is known by the local officer about the particular patient who may have been in hospital many years. In some instances guidance has been sought from relatives, but experience has proved that this cannot be relied upon as relatives have frequently an over-optimistic opinion about the patient's capabilities. Provided the person applying and the home are satisfactory, the hospital authority has complied with the law; it seems to be of

little concern as to whether the patient takes up employment or idles at home. Cases have occurred of patients granted licence returning to their home without any attempt having been made towards finding employment and a period of time has elapsed before suitable work has been found. The patient easily becomes apathetic towards work and for a time enjoys the novelty of receiving an allowance and being able to wander around the streets and shops. For their own good and that of the community in general this should be avoided. As most patients proceed to final discharge from a period on licence it is essential that the question of employment should be determined as early as possible. To this end, before an employable patient is granted licence, hospitals should furnish local health authorities with some appraisal of the patient's abilities. In particular it would be helpful to know whether the patient (i) is more suited to indoor than outdoor employment, (ii) works better in a group or individually, (iii) physical attributes—with respect to active labouring tasks or the tending of simple machinery, (iv) any aptitude acquired in hospital departments such as boot repairing, brush making, work on the land, in domestic service or sewing room duties, etc. Such information would materially assist in finding work and would help to avoid misplacement. It is disappointing to a patient and a great inconvenience to employers when a patient has been found unsuitable for the situation obtained.

Halifax has many and varied industries, it is probably easier to find employment here than in many other towns; and where prior notice has been given of the licencing of employable patients, suitable work has been awaiting. In these cases (and in all other aspects of the work involving resettlement in employment) the officials of the Ministry of Labour have co-operated, there is effective liaison in these matters between the Ministry's staff and the local Authorised Officers.

Three adult male patients came on licence during the year. They were found employment as Doffer (Cotton mill), Labourer (Waterworks), and Labourer (Cleansing Department). All were proving satisfactory in their respective occupations at the end of the year.

A single woman aged 21 who came on licence in October, 1954, from Etloe House Hospital, Leyton, London, was discharged from her Order during 1955. She was in employment as a woolcomber in a local mill where she had settled down quite well. Of the other seven patients on licence from various hospitals, five are in full-time employment, one is unemployable and the remaining case is a child attending the Occupation Centre.

The distribution of Halifax patients in mental deficiency hospitals on 31st December, was:

Hospital and Location					Patients
Aycliffe, Darlington	.....	...	...	...	1
Brandesburton Hall, Driffield	...	...	...	...	1
Castleberg, Giggleswick	...	...	...	...	3
Dovenby Hall, Cockermouth	...	...	...	...	1
Grenoside, near Sheffield	...	...	...	...	2
Hatfield Hall, near Wakefield	...	...	...	...	2
Holywell House, near Halifax	...	...	...	...	1
Lemmington Hall, Alnwick	...	...	...	...	2
Lisieux Hall, near Chorley	...	...	...	...	1
Meanwood Park, Leeds	...	...	...	...	2
Oulton Hall, near Leeds	...	...	...	...	7
Princess Christian's Colony, Hilddenborough, Kent					1
Rampton, Retford	...	...	...	...	4
Rawcliffe Hall, near Goole	...	...	...	...	4
Royal Albert, Lancaster	...	...	...	...	6
Stansfield View, Todmorden	...	...	...	...	13
Stoke Park Colony, Bristol	...	...	...	...	3
St. Catherine's, Doncaster	...	...	...	...	64
St. Joseph's, Sheffield	...	...	...	...	1
The Mansion, near Huddersfield	...	...	...	...	1
Westwood, Bradford	...	...	...	...	13
Whittington Hall, Chesterfield	...	...	...	...	1
Whixley Colony, near York	...	...	...	...	19
					<hr/> *153 <hr/>

*(includes 10 patients on licence)

There are now 29 children attending the Occupation Centre and good progress continues to be made. The year under review has provided the first complete twelve months' working and the routine is now firmly established.

The Centre was visited by an Inspector of the Board of Control on the 29th April, and a subsequent report received was very good. The report complimented the Committee on the planning, organisation and equipment of the Centre and was a great encouragement to those concerned.

During the year attention has been given to the precincts of the building. The whole grounds have been enclosed to give more privacy. Much outdoor work is still to be done and it is the intention of the Committee to deal with this work in stages. Tenders have been obtained for the construction of a hard surfaced playground on the north side of the building and this will be completed before the end of the financial year (March, 1956). Next year it is hoped to develop the southern portion of the site to provide a grassed area for the smaller children. Part of the land will be available for gardening facilities.

Instruction is given in the usual occupation centre subjects with emphasis on sense and habit training. A number of articles made by the children during the year included table mats, comb cases,

kettle holders, sea grass stools, etc.

On the 8th September, a Harvest Festival was held and attended by parents, friends, and members of the Committee. Also displayed on this occasion were examples of the handwork done by the children during the year—these were later sold to parents for the nominal cost of the materials. There was a fine display of fruit and flowers in the main assembly room where a short service concluded the proceedings. The fruit was later distributed amongst Halifax patients at Stansfield View Hospital, Todmorden, and Westwood Hospital, Bradford—the nearest mental deficiency hospitals.

Children at the Centre are provided with a mid-day meal and parents are required to contribute towards the cost. In certain circumstances dinners are provided free under a system similar to that in local schools; 230 free dinners were provided at the Occupation Centre during 1955.

The close of the year was marked by a Christmas Party on December 21st. The children gave a display of their activities before an invited audience. For this many stage costumes were kindly loaned, other dresses and “props” were made by the staff. A tea in traditional style was provided for the children by the parents, a local businessman again presented a large Christmas Tree to the Centre and fruit and nuts for all the children.

By the end of the year the Centre was almost full to capacity and since it opened in 1954, no child has ceased to attend on the grounds of having reached the upper age limit of 16. Next year, however, two children will attain that age and the number of “leavers” will progressively increase as the present group of children grow up. The position of the older children and that of the unemployed adolescents in the community has been carefully surveyed, and it has been decided to establish a second Centre for older boys and men. Provision for this is to be made in the mental health Estimates for 1956/57; but at the time of preparing this Report it seems possible that for reasons of national economy this project may have to be deferred until later.

Local patients in mental and mental deficiency hospitals were again at Christmas time the recipients of greetings, sweets, tobacco, etc., from the League of Friends of Halifax Hospitals. Some 451 patients in seven of the nearest hospitals benefitted this year under this scheme which has operated each Christmas since 1948, and is now an annual feature.

During 1955, aid has again been sought from various voluntary associations in our dealings with matters beyond the ambit of the statutory services, viz.: Halifax Council of Social Service, British Red Cross Society, Children's Welfare League (Norland Holiday Home), and the C.H.A. Thanks are expressed to the officials of these organisations for the help given during the year; and to local magistrates who, in the exercise of their statutory functions give of their time to visit patients at home and in hospital at what must have often been most inconvenient times to themselves.

TABLE "D"

Cases dealt with under Mental Deficiency Acts, 1913-38.

	1955	1954	1953	1952	1951
1. (a) New cases notified during year	20	20	15	22	12
(b) Cases brought forward from previous year which had not been acted upon ...	—	—	—	1	9
Total cases during current year	20	20	15	23	21
2. Disposal of cases notified (as para. 1):					
(a) Admitted to Hospitals	4	2	4	3	2
(b) Placed under Statutory Supervision ...	15	14	11	19	17
(c) Placed under Voluntary Supervision ...	—	2	—	—	—
(d) Found not to be defective	1	2	—	1	—
(e) Action not yet taken	—	—	—	—	2
	20	20	15	23	21
3. Movement of patients during year:					
(a) Ceased to be under Statutory Super- vision on account of:					
(i) Being admitted to Hospitals ...	3	3	4	6	1
(ii) Removal from this area	1	1	1	—	—
(iii) Death	1	—	2	—	1
(iv) Being placed under Voluntary Supervision	—	—	7	—	—
(b) Ceased to be under Voluntary Super- vision on account of:					
(i) Being admitted to Hospital ...	1	—	—	—	—
(ii) Removal from this area	—	1	—	—	—
(c) Ceased to be under Hospital care (including Licence leave) on account of:					
(i) Discharge from Order (by Board of Control)	1	1	3	2	6
(ii) Death	—	1	1	1	3
4. Distribution of patients at 31st December:					
(a) In Hospitals	143	139	140	136	132
(b) On Licence	10	8	7	7	7
(c) Under Guardianship	—	—	—	—	—
(d) Under Statutory Supervision	118	108	98	101	87
(e) Under Voluntary Supervision	11	12	11	4	4
(f) Action not yet taken	—	—	—	—	2
Total number of patients	282	267	254	248	232
5. Number of patients under training ...	29	27	—	—	—
6. Cases awaiting admission to Hospitals ...	10	8	7	8	10
7. Total number of visits paid by Author- ised Officers (cases of amentia only) ...	1186	625	530	589	458

Miscellaneous

National Assistance Act, 1948.

A few cases have been reported to me under Section 47 of this Act but I have been able to deal with them satisfactorily without compulsory orders.

FOOD POISONING

Food may be injurious to human beings in various ways:—

- (1) Some foods are **poisonous in themselves**—e.g. fungi eaten in mistake for mushrooms.
- (2) Food may be **contaminated by chemicals**—e.g. metals in tinning processes, arsenic from harmful colouring matters, etc.
- (3) **Parasites** may contaminate food.
- (4) **Bacterial Infection**—much the most important group.

PREVENTIVE MEASURES

These include skilled meat inspection at the time of slaughter, thorough cleanliness of food premises, general cleanliness in manufacture, sale and distribution of food. Food handlers should be instructed in food hygiene. Simple precautions—like washing the hands after using the toilet—will go a long way in the prevention of food poisoning.

No. of notifications received = 9.

MEDICAL EXAMINATIONS

Your Medical Officer carries out the medical examinations of entrants to the staff of the Corporation for superannuation purposes; of those who appear to be medically unfit to continue in employment and of those who have had prolonged or repeated absence on account of illness.

In connection with the last two mentioned categories, it is frequently necessary to correspond with medical and surgical specialists on the staff of hospitals, and with general medical practitioners, and I have pleasure in recording and I have always received from them the greatest assistance and courtesy.

The number of medical examinations during the year were:—
Superannuation, 192; Others, 39.

PUBLIC MORTUARY

The Mortuary is situate in Hall Street. Arrangements have been made for the badly-needed additional ventilation. There were 90 P.M.s performed during 1955.

I am indebted to Mr. G. S. Bradbury (Chief Welfare Officer) for the following information:—

Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year in respect of which Sec. F (1) of Forms B.D.8 (Rev). recommends:—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ...	10	3	—	11
(b) Treatment (medical, surgical or optical) ...	14	4	—	5
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	10	3	—	4

EPILEPTICS

Resident in Homes for Epileptics.

2 Females.

Resident in Part III accommodation.

2 Males (1 blind and 1 sighted).

On the Register of Blind Persons there are also

2 Males. 3 Females.

The Colony at Cookridge Hall, Leeds, referred to in my last report, is now functioning, and one male patient took his own leave after two weeks.

WATER SUPPLY

I am indebted to Mr. A. L. Gray, Waterworks Engineer and Manager, for the following report:—

The water supply of the area has been highly satisfactory both in quantity and quality.

Bacteriological examinations of raw water:

525 Samples. Results varying from 0 to 180+ pres.B.coli.

Bacteriological examinations of filtered and treated water:

890 Samples. Results highly satisfactory.

These samples were taken and checked at the Waterworks Laboratory. In addition 181 samples were taken independently by the Borough Analyst and the results of his bacteriological analyses were all highly satisfactory.

The soft, moorland water supplied to Halifax is liable to have plumbo-solvent action. To counteract this the raw water is treated with lime and the pH factor raised to 8·0 to 8·5.

The number of chemical analyses taken = 23.

The raw water is chemically treated, filtered and chlorinated before use. All new mains laid are sterilised by chlorination and flushed out prior to being put into service. Number of yards sterilised: 5,807.

The number of dwelling houses and the population supplied:—

(a) Direct to the house—33,000 houses: 98,000 population.

(b) By means of standpipe—5 houses.

SEWAGE

I am indebted to Mr. C. Lumb, Sewage Works Manager, for the following report:—

Sewage Purification

Purification of sewage and trade effluent represents an essential link in the chain of public health measures. This is a service the Corporation must maintain under Acts of Parliament—the latest being the Rivers (Prevention of Pollution) Act, 1951—and without it there would be a retrogression to the notoriously insanitary conditions of last century.

Apart from the minor exceptions referred to below all drainage from the Borough gravitates naturally to the Sewage Purification Department, whose works are spread over three separate adjoining sites at Salterhebble, Copley and North Dean, respectively. All sewage and trade effluents are purified by modern methods before discharge to the River Calder as tributaries of clean water and in accordance with the standards of the Yorkshire Ouse River Board. The methods of purification depend on scientifically controlled precipitation of solid matter, followed by bio-chemical purification of the liquid, accomplished partly by percolating bacteria beds and partly by the activated sludge system. The sludge residues remaining after this purification are mechanically dewatered, sterilised, and processed into saleable by-products in the form of grease and fertilisers. Consequently, complete and positive disposal of this sludge results, which is an important feature from a public health aspect.

It is perhaps not generally realised how the magnitude of the sewage purification problem is influenced in Halifax by trade effluents. Soiled waste waters from over 70 different manufacturing premises in the Borough pass to the Sewage Department, and their presence not only contributes to the volume to be treated, but greatly complicates the technology of purification. Types of trade represented include wool, yarn and piece scouring, dyeing, brewing, wire works, plastics, confectionery and other food trades, metal finishing, gas works, etc., and the polluting effect of these wastes on the river would be quite as serious as that of the domestic sewage. Provision of accommodation for these effluents necessitates a sewage purification works approximately double the size which would otherwise suffice for the same population.

The works are continually developed, and kept abreast of requirements. Due to housing developments, trade expansion, and increased consumption of water generally, the load on the Department currently shows an increasing trend. To cope with this, the effective capacity of the purification plant at Copley is being

increased by approximately 10 per cent. The system employed for this purpose depends on a modification of the "recirculation" system, evolved by research in the Department, whereby increased duty is obtained from existing percolating filter beds. One stage of this plan is now in very successful operation, a second stage is currently under construction, and it is anticipated the third and final stage will be commenced this year. The cost involved is only a fraction of the new additional construction which would otherwise be necessary.

During 1955, 2,189 million gallons of sewage and trade effluent received complete purification, an average of 6.00 million gallons per day. 51,212 tons of wet sludge were extracted and processed to yield 447 tons of grease and 3,506 tons of fertilisers.

The exceptions referred to above are the Northowram and Luddenden areas which, owing to the topography of the Borough, cannot be economically drained to the Salterhebble system. Sewage from Northowram passes to the sewers of Brighouse Corporation and is purified by that authority, under agreement; that from Luddenden drains to the works of the Luddenden Foot Joint Sewerage Board, on which Halifax is represented.

CLEANSING

I am indebted to Mr. B. Fellows, Director of Public Cleansing, for the following notes:—

Refuse Collection and Disposal.

The collection of house and trade refuse has operated regularly throughout the year, during which period a total of 30,961 tons were handled by the Department. Of this quantity 15,968 tons were dealt with at the separation-incineration plant at Charlestown and the remaining 14,993 tons by controlled tipping—principally at Birks Hall.

Salvage.

The income derived from the sale of materials reclaimed from house refuse together with processed wastes and offals from markets and abattoir, realised the sum of £31,083.

Street and Gully Cleansing.

The street cleansing section of the department has been severely handicapped by the shortage of manual labour. Roadways have been cleansed regularly by the use of mechanical sweeper-collectors. The footpaths have not had quite the attention which is desirable but if the public will make the fullest use of the litter receptacles provided this will be a big help to the department.

During the year 75,239 gullies were cleansed.

S E C T I O N 3

Sanitary Circumstances

Housing

Food

(Inspection and Supervision)

including

Milk Distribution

Food and Drugs Sampling

Meat and other Foods

Ice Cream, etc.

Factories

Rodent Control

Smoke Abatement

Atmospheric Pollution

Sanitary Circumstances and Sanitary Inspection of the Area

I am indebted to Mr. H. Margerison, M.R.San.I., Chief Sanitary Inspector, for the following report:—

Inspections and Visits.

Dwellinghouses:—

Primary Inspections under the Housing Acts	...	...	70
Subsequent Inspections under the Housing Acts	...	...	132
Visits re work in progress under the Housing Acts	...	...	46
Visits re removals and disinfestations	...	...	745
Inspections on behalf of Borough Treasurer	...	...	168
Dwellinghouses re sanitary defects	...	...	945
Dwellinghouses re notifiable diseases	...	...	271
Dwellinghouses re dirty and/or verminous conditions	...	...	120
Dwellinghouses re overcrowding	...	...	13
Common Lodging Houses	...	...	23
Houses-let-in-Lodgings	...	...	17

Drainage:—

Public sewers inspected	...	...	277
Public sewers tested	...	...	39
Drains inspected (special inspections only)	...	...	527
Drains tested	...	...	273

Factories, etc.:—

Factories (with power)	...	...	88
Factories (without power)	...	...	10
Outworkers' premises	...	...	1
Workplaces (General)	...	...	1
Workplaces (Offices)	...	...	5

Shops:—

Shops (Shops Act, 1950, Section 38)	...	...	3
Shops—other visits	...	...	69

Food Inspection:—

Milk Distributors	...	...	29
Dairies	...	...	33
Milkshops	...	...	18
Fried Fish Shops	...	...	40
Bakehouses	...	...	21
Butchers' Shops	...	...	50
Ice Cream Premises	...	...	58
Restaurants, Cafés, etc.	...	...	37
Other Food Premises	...	...	76

Smoke Abatement:—

Smoke Observations	39
Works, etc., re smoke emission	...	...	...	...	...	84

Sampling:—

Food and Drugs Act, 1938	...	...	...	...	...	337
Bacteriological Samples—Milk	...	...	...	...	...	56
Bacteriological Samples—Ice Cream	...	...	...	...	...	49
Biological Samples—Milk	...	...	...	...	...	18
Water	...	...	...	...	...	23
Swimming Baths Water	...	...	...	...	...	27
Fertilisers and Feeding Stuffs	...	...	...	...	...	20

General:—

Premises re Pharmacy and Poisons Act	...	...	...	...	...	38
Fowls, Swine and other animals	...	...	...	...	...	31
Schools	...	...	...	...	...	7
Places of Public Entertainment	...	...	...	...	...	21
Public Sanitary Conveniences	...	...	...	...	...	209
Noise Nuisances	...	...	...	...	...	14
Small Dwellings Acquisition Acts	...	...	...	...	...	363
Improvement Grants	...	...	...	...	...	633
Certificates of Disrepair	...	...	...	...	...	108
Miscellaneous visits	...	...	...	...	...	1,949
Total number of Inspections and Visits	...	...	...	...	...	8,231
Total number of re-Inspections	...	...	...	...	...	5,864

Sanitary Improvements Effected.

Dwellinghouses:—	Informal Action
General repairs	392
Dirty Houses cleansed	49
Council houses found bug infested and disinfested	1
Other houses found bug infested and disinfested	12
Houses cleared of vermin (other than bugs)	62
Common Lodging Houses. Nuisances abated or improvements effected	1
Overcrowding abated	25

Drainage:—

Sewers cleansed	122
Drains cleansed and/or repaired	139
Drains reconstructed or new drains provided	77
Public sewers repaired and/or reconstructed	30

Factories:—

Factories with mechanical power. Nuisances abated or improvements effected	10
Factories without mechanical power. Nuisances abated or improvements effected	1

Shops:—

(General)—Nuisances abated or improvements effected	6
---	---

Food Premises:—

Fried Fish Shops—Nuisances abated or improvements effected	7
Bakehouses—Nuisances abated or improvements effected	3
Butchers' Shops—Nuisances abated or improvements effected	9
Ice Cream Premises—Nuisances abated or improvements effected	2
Restaurants, Cafés, etc.—Nuisances abated or improvements effected	11
Other Food premises—Nuisances abated or improvements effected	6

Smoke Abatement:—

Boiler Plants improved re emission of smoke	8
--	---

General:—

Premises cleared of rats—Dwellinghouses	211
Other premises	242
Premises cleared of mice—Dwellinghouses	116
Other premises	200
Stables—Nuisances abated or improvements effected ...	1
Fowls, Swine and other animals—Nuisances abated or improvements effected	8
Schools—Nuisances abated or improvements effected ...	1
Places of Public Entertainment—Nuisances abated or improvements effected	1
Public Sanitary Conveniences—Nuisances abated or improvements effected	39
Noise—Nuisances abated or improvements effected ...	8
Miscellaneous sanitary improvements effected	101

Prosecutions during 1955.

Date of Hearing	Act	Offence	Penalty
25/1/55	Food & Drugs (Milk, Dairies & Artificial Cream) Act, 1950. Section 9.	Selling milk to which had been added at least 22·1 % extraneous water.	Defendant fined £2, with £3 5s. 7d. costs.
1/4/55	Food & Drugs Act, 1938. Section 3.	Selling pork sausage containing only 55 % of meat.	Defendant given conditional discharge and ordered to pay £3 6s. 0d. costs.
21/6/55	Food & Drugs Act, 1938. Section 3.	Selling as "buttered tea-cakes", tea-cakes which were spread with margarine.	Defendants given conditional discharge and ordered to pay 19s. 6d. costs.
21/6/55	Food & Drugs Act, 1938. Section 3.	Selling as "buttered tea-cakes", tea-cakes which were spread with margarine.	Defendants given conditional discharge and ordered to pay 19s. 6d. costs.
21/6/55	Food & Drugs Act, 1938. Section 3.	Selling as "buttered tea-cakes", tea-cakes which were spread with margarine.	Defendant given conditional discharge and ordered to pay 19s. 6d. costs.

General

Fertilisers and Feeding Stuffs Act, 1926.

Fertiliser and Feeding Stuff Regulations, 1932.

Of the 20 samples obtained during the year, 5 were of fertilisers and 15 were of feeding stuffs. Seven of these samples were unsatisfactory, and appropriate action was taken by the Chief Sanitary Inspector.

Pharmacy and Poisons Act, 1933.

Pharmacy and Medicines Act, 1941.

At the end of 1955 there were 178 registered sellers of Part II poisons, occupying 236 registered premises.

There were 38 inspections of these premises during the year.

Rag Flock and Other Filling Materials Act, 1951.

At the end of the year there were 7 premises registered under this enactment.

No samples were taken.

Pet Animals Act, 1951.

Section 1 of the above mentioned legislation, which came into operation on the 1st April, 1952, enacts that no person shall keep a Pet Shop except under a licence granted by the Local Authority.

Twelve applications were received during the year and licences were granted in each case.

Places of Public Entertainment.

During the year 21 inspections were made of theatres, cinemas and other premises for which theatre licences are necessary and improvements were carried out in one case.

Swimming Baths.

Every month the swimming bath waters are sampled for chemical and bacteriological examination at the Public Baths and all School Swimming Baths.

Conditions have been greatly improved during the year, and the caretakers at all school baths have been instructed in the chlorination and proper treatment of the bath water.

Public Sanitary Conveniences.

Under the control of the Health Department there are 43 public sanitary conveniences, consisting of 16 sanitary conveniences for males, 15 for females, and 12 public urinals.

At the two main conveniences in town—Bull Green and George Square—where there are full-time attendants and where lavatory accommodation is provided, facilities are available for the free washing of hands after use of the toilets. For this purpose wash-basins with hot and cold water have been installed and cream-soap and paper towels are provided. The service has proved very popular but at the same time has suffered a certain amount of abuse.

A considerable amount of misuse and wanton damage takes place at the unattended conveniences, automatic locks and fittings being in constant need of repair or replacement.

Health Education.

During the year lectures have been given by the Chief Sanitary Inspector, as follows:—

“Improvement Grants”—Halifax and District Master Plumbers’ Association.

“Atmospheric Pollution”—Hebden Bridge Rotary Club.

“Public Health”—Halifax Adult School.

Housing

Housing Statistics.

1. Inspection of Dwellinghouses during the year:—
 - (1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts) 1,164
 - (b) Number of inspections made for the purpose 3,286
 - (2) (a) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 56
 - (b) Number of inspections made for the purpose 70
 - (3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 53
 - (4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 3
2. Remedy of defects during the year without service of formal notices:—

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers 537
3. Action under Statutory Powers during the year:—
 - (a) Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936:—
 - (1) Number of dwellinghouses in respect of which notices were served requiring repairs 3
 - (2) Number of dwellinghouses which were rendered fit after service of formal notices:—
 - (a) By owners 2
 - (b) By Local Authority in default of owners 1
 - (b) Proceedings under Public Health Acts:—
 - (1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied 42
 - (2) Number of dwellinghouses in which defects were remedied after service of formal notices:—
 - (a) By owners 23
 - (b) By Local Authority in default of owners 59
 - (c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:—

(1)	Number of dwellinghouses in respect of which Demolition Orders were made ...	35
(2)	Number of dwellinghouses demolished in pursuance of Demolition Orders ...	26
(d)	Proceedings under Section 12 of the Housing Act, 1936:—	
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	14
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been made fit ...	Nil

4. Housing Act, 1936 (Part IV)—Overcrowding.

(a)	(1)	Number of dwellings overcrowded at the end of the year ...	1,104
	(2)	Number of families dwelling therein ...	1,138
	(3)	Number of “persons” dwelling therein ...	4,102
(b)		Number of new cases of overcrowding reported during the year ...	1
(c)	(1)	Number of cases of overcrowding relieved during the year ...	25
	(2)	Number of “persons” concerned in such cases ...	120
(d)		Particulars of any cases in which dwellinghouses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding ...	Nil
(e)		Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report ...	Nil

Eradication of Bed-Bugs.

(1) (a)	(1)	Number of Council Houses found infested ...	1
	(2)	Number of Council Houses disinfested ...	1
(b)	(1)	Number of other houses found infested ...	12
	(2)	Number of other houses disinfested ...	12
(c)		Number of houses where furniture was disinfested with HCN gas at Charlestown ...	154

Closing and Demolition Orders: Housing Act, 1936.

Continuing the information given in previous reports, the following Table shows the position on the 31st December, 1955:—

Ref. No.	Situation	Date of Report	Date of Closing Order	Date of Demolition Order	Remarks
275	6a, Violet Street	20/1/55	28/2/55	—	Vacated 23/6/55
276	6, Riley's Court	20/1/55	28/2/55	—	Vacated 23/6/55
277	2, Whitehall, Ovenden	20/1/55	28/2/55	—	Vacated 13/4/55
278	54, Crib Lane	20/1/55	26/2/55	—	House vacated
279	3, Kingston, Hopwood Lane	17/2/55	—	—	Undertaking not to re-let accepted. Vacated 24/8/55
280	5, Walton's Bldgs., Ovenden	17/2/55	—	—	Undertaking not to re-let accepted. Vacated 22/8/55
281	16, Howard Street	24/3/55	29/4/55	—	Unoccupied hse.
282	24/27, Kell Butts, W'stalls	24/3/55	29/4/55	—	House vacated 2/6/55
283	1, Scout Hall, Shibden	19/5/55	25/7/55	—	House vacated
284	2/4, Shaw Hill	19/5/55	—	25/7/55	Hse demolished
285	3, Shaw Hill	19/5/55	—	25/7/55	Hse demolished
286	5, Shaw Hill	19/5/55	—	25/7/55	Hse demolished
287	1, Moxon Terrace	23/6/55	—	12/8/55	Dem. proceeding
288	2, „	23/6/55	—	12/8/55	Dem. proceeding
289	3, „	23/6/55	—	12/8/55	Dem. proceeding
290	4, „	23/6/55	—	12/8/55	Dem. proceeding
291	5, „	23/6/55	—	12/8/55	Dem. proceeding
292	6, „	23/6/55	—	12/8/55	Dem. proceeding
293	7, „	23/6/55	—	12/8/55	Dem. proceeding
294	8/9, „	23/6/55	—	12/8/55	Dem. proceeding
295	10, „	23/6/55	—	12/8/55	Dem. proceeding
296	11, „	23/6/55	—	12/8/55	Dem. proceeding
297	12, „	23/6/55	—	12/8/55	Dem. proceeding
298	13, „	23/6/55	—	12/8/55	Dem. proceeding
299	14, „	23/6/55	—	12/8/55	Dem. proceeding
300	15, „	23/6/55	—	12/8/55	Dem. proceeding
301	16, „	23/6/55	—	12/8/55	Dem. proceeding
302	17, „	23/6/55	—	12/8/55	Dem. proceeding
303	18, „	23/6/55	—	12/8/55	Dem. proceeding
304	19, „	23/6/55	—	12/8/55	Dem. proceeding
305	20, „	23/6/55	—	12/8/55	Dem. proceeding
306	21, „	23/6/55	—	12/8/55	Dem. proceeding
307	22, „	23/6/55	—	12/8/55	Dem. proceeding
308	23, „	23/6/55	—	12/8/55	Dem. proceeding
309	24, „	23/6/55	—	12/8/55	Dem. proceeding
310	25, „	23/6/55	—	12/8/55	Dem. proceeding
311	26, „	23/6/55	—	12/8/55	Dem. proceeding
312	27, „	23/6/55	—	12/8/55	Dem. proceeding
313	28, „	23/6/55	—	12/8/55	Dem. proceeding
314	29, „	23/6/55	—	12/8/55	Dem. proceeding
315	30, „	23/6/55	—	12/8/55	Dem. proceeding
316	31a, Chatham Street	21/7/55	1/10/55	—	Vacated 31/10/55
317	3, Whitehall, Ovenden	21/7/55	1/10/55	—	Unoccupied hse.
318	8, Whitehall, Ovenden	21/7/55	1/10/55	—	Unoccupied hse.
319	14, Kelton Square	25/8/55	1/10/55	—	Vacated 6/12/55
320	2, Waterside	25/8/55	—	1/10/55	Hse demolished
321	4, Waterside	25/8/55	—	1/10/55	Hse. demolished
322	34, Haigh Street	22/9/55	7/11/55	—	Unoccupied hse.
323	14, Haigh Street	22/9/55	7/11/55	—	Unoccupied hse.
324	18, Hartley Street	24/11/55	2/12/55	—	House vacated.
325	6, Horner's Bldgs., Shay L'n.	24/11/55	—	—	Undertaking to use only for business purposes accepted.
326	47, Crib Lane	24/11/55	—	27/1/56	Dem. in progress
327	6, Bankhouse Lane	24/11/55	—	—	Undertaking to use as a wash-kitchen accepted.

To complete observations made in previous annual reports, the following information is given:—

Ref. No. 274—House demolished by owner, August, 1955.

Housing Act, 1949, Part 2. Improvement Grants.

In August, 1954, the Council decided that, for the time being, grants for improvements to property should be limited to two types of improvement:—

- (a) the conversion of existing houses into flats; and
- (b) the improvement of sub-standard property by the installation of baths and indoor sanitation.

In January, 1956, the Council suspended the making of grants and no applications have been accepted since that date.

During the period of the operation of the scheme, applications were received and grants approved as shown in the following summary:—

Number of applications for Improvement Grants received	...	...	...	...	...	...	351
Number of applications where grants were approved							327
Total cost of work involved in applications approved							£54,643
Average cost per application	...	...	...	...	...	...	£167 2s. 1d.

The following is a summary of the types of dwellinghouses for which Improvement Grants were approved:—

Through houses	...	...	...	158
Back-to-back houses	...	...	...	110
Single-back houses	...	...	...	39
Houses-and-shops	...	...	...	15
Farmhouses	...	...	...	5
Total	...	...	...	327

Housing Repairs and Rents Act, 1954. Certificates of Disrepair.

During the year, 57 applications for Certificates of Disrepair were received from tenants of houses. Of these, 36 were granted and 21 refused.

Four applications for the revocation of such Certificates were received from owners and were granted, the defects specified on the Certificates having been remedied.

Furnished Houses (Rent Control) Act, 1946.

No cases were referred by the Housing Committee to the Furnished Houses Rent Tribunal, under the above Act.

Common Lodging Houses.

There is only one Common Lodging House in the Borough, and 23 inspections of same were made during the year. It was found to be in a satisfactory condition.

Houses-Let-in-Lodgings.

At the end of the year there were 49 Houses-Let-in-Lodgings, providing accommodation for 237 families. There were 17 inspections made during the year and conditions generally were satisfactory.

Cleansing Facilities.

There is a Cleansing Station, which operates under the general supervision of the Chief Sanitary Inspector, at the Disinfestation Station, Charlestown. Hot baths and showers and the usual cleansing materials are provided.

Men are cleansed by the attendant at the Disinfestation Station, and the cleansing of women is carried out under the supervision of a Health Visitor.

Provision exists for the steam sterilisation of clothing and, if necessary, for bedding, etc. Where necessary, houses are treated with an approved vermicide.

Food

(Inspection and Supervision)

Milk Distribution.

At the end of the year there were 278 registered distributors of milk (excluding dairy farmers) within the Borough, and there were 15 registered dairy premises.

Licences, under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, and the Milk (Special Designation) (Raw Milk) Regulations, 1949, were granted as follows:—

Pasteurised Milk—Pasteuriser's Licence	...	...	1
Pasteurised Milk—Dealers' Licences	...	...	81
Pasteurised Milk—Supplementary Licences	...	...	19
Sterilised Milk—Dealers' Licences	...	...	206
Sterilised Milk—Supplementary Licences	...	...	3
Tuberculin Tested Milk—Dealers' Licences	...	...	78
Tuberculin Tested Milk—Supplementary Licences	...	...	18

Bacteriological Examination of Milk.

During the year, 74 samples of milk were submitted to bacteriological examination, as shown below. Five (or 6·76%) of these samples were unsatisfactory.

Designation	Samples taken	Satisfactory	Unsatisfactory
Tuberculin Tested	3	3	—
Pasteurised	46	46	—
T.T. (Pasteurised)	6	6	—
Sterilised	2	2	—
Undesignated	17	12	5
Total	74	69	5

Biological Examination of Milk.

During the year 18 samples of milk were submitted to biological examination by the Public Health Laboratory Service, all of which were of milk produced within the Borough.

Three (or 16·66%) of the milks gave positive results.

No notices were served by the Medical Officer of Health, in accordance with Regulation 20 of the Milk and Dairies Regulations, 1949.

Food and Drugs Act, 1938.

A total of 337 samples of Foods and Drugs was obtained during the year and submitted to the Public Analyst.

These included 204 samples of milk, 40 samples of ice cream and 93 samples of food and drugs.

Samples of milk “not genuine” according to the Sale of Milk Regulations numbered 21 giving a percentage of 10·29.

All the 40 samples of Ice Cream were reported as satisfactory.

Of the 93 samples of other foods and drugs, 13 (or 13·98%) were reported not genuine.

Full details of all samples will be found in the following Tables:—

TABLE 1.

Nature of Sample	No. of Samples taken			No. not genuine		
	Formal	In-formal	Total	Formal	In-formal	Total
Milk	*197	7	*204	19	2	21
Alcoholic Drinks:—						
Beer, Best	1	—	1	—	—	—
Beer, Bottled	—	3	3	—	—	—
Beer, Mild	3	—	3	—	—	—
Gin	1	—	1	—	—	—
Martini	1	—	1	—	—	—
Rum	1	—	1	—	—	—
Whisky	1	—	1	—	—	—
Almonds, Ground ...	—	3	3	—	—	—
Bread	—	1	1	—	1	1
Butter	4	—	4	—	—	—
Cake Mixture	—	4	4	—	—	—
Chutney, Tomato ...	—	1	1	—	—	—
Confectionery:—						
Cake, Cream Filled ...	—	1	1	—	—	—
Crab Meat	—	1	1	—	—	—
Cream, Double	—	3	3	—	—	—
Ginger, Ground	—	2	2	—	—	—
Ice Cream	—	40	40	—	—	—
Meat, Potted	5	—	5	1	—	1
Oats	—	1	1	—	1	1
Onions, Pickled	—	1	1	—	—	—
Paste:—						
Meat	2	—	2	—	—	—
Salmon	1	—	1	—	—	—
Pickles	—	1	1	—	—	—
Preserves:—						
Jam	3	1	4	—	1	1
Lemon Cheese	2	—	2	—	—	—
Lemon Curd	1	—	1	—	—	—
Marmalade	1	—	1	—	—	—
Mincemeat	5	—	5	—	—	—
Sausages:—						
Beef	15	—	15	—	—	—
Pork	4	—	4	3	—	3
Sausage Meat	1	—	1	—	—	—
Soft Drinks:—						
Barley Water	1	—	1	—	—	—
Cordial	2	—	2	—	—	—
Orange Squash	5	—	5	—	—	—
Tea Cakes, Buttered ...	3	3	6	3	3	6
Vinegar, Malt	—	4	4	—	—	—
	260	77	337	26	8	34

*Includes 3 “Appeal to Cow” Samples which were genuine.

TABLE 2.

Administrative action taken in respect of samples reported by the Public Analyst to be not genuine or otherwise irregular.

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative Action Taken
10	Milk— 2.7% Added Water	The matter was referred to the local authority in whose area the milk was produced. Check samples taken at a later date were reported to be satisfactory, although there was a deficiency in non-fatty solids due to natural causes.
36	Milk— 5.0% Added Water 0.6% Deficient in fat	
37	Milk— 6.5% Added water	
16	Milk— 4.4% Added Water	The matter was referred to the local authority in whose area the milk was produced. In the meantime Samples Nos. 40 and 41 were taken and these were also referred to the appropriate local authority, Notification received that the producer had been cautioned. Two further check samples were reported to be satisfactory, although one sample was deficient in non-fatty solids due to natural causes.
40	Milk— 4.5% Added Water	
41	Milk— 4.2% Added Water	
45	Milk— 1.8% Added Water	A check sample taken at a later date was reported to be satisfactory.
52	Milk— 7.6% Deficient in fat	The matter was referred to the local authority in whose area the milk was produced.
22	Sausages, Pork— Deficient in meat	Formal sample containing only 55.0% of meat. Reported to the Health Committee who authorised legal proceedings. The case was heard at the Halifax Borough Court on 1st April, 1955, when the defendant was given a conditional discharge and ordered to pay £3 6s. 0d. costs. Defendant admitted by letter that the meat content was deficient, but the Bench was satisfied that there was no intent to defraud.
56	Tea Cakes, Buttered— Deficient in butter	Three informal samples reported to be spread with margarine and not butter. Three formal check samples also reported to be spread with margarine and not butter. Reported to Health Committee who authorised legal proceedings. The cases were heard at the Halifax Borough Court on 21st June, 1955, and found proven. Defendants were given conditional discharges and ordered to pay a total of £3 18s. 0d. towards costs.
57	—ditto—	
58	—ditto—	
87	—ditto—	
88	—ditto—	
89	—ditto—	

TABLE 2—Continued.

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative Action Taken
59	Oats— Containing insect debris	Informal sample submitted for analysis as a result of a complaint, reported to be unsuitable for human consumption. The remainder in the retailer's possession was withdrawn from sale.
61	Meat, Potted— Containing a starchy filler	Formal sample reported to contain a starchy filler and should therefore be called meat paste. Reported to the Health Committee who instructed the Town Clerk to send a letter of warning to the retailer.
82	Milk— 4·6 % Deficient in fat	The matter was referred to the local authority in whose area the milk was produced. Reply received stating that in order to prevent further complaints the producer would dispose of the Friesian cattle in his herd.
129	Milk— 7·0 % Deficient in fat	This producer has since discontinued sending his milk to the Pasteuriser's Plant.
142	Milk— 5·3 % Deficient in fat	Formal sample obtained from a dairyman. A check sample taken at a later date was reported to be satisfactory.
185	Milk— 4·6 % Deficient in fat	A check sample taken at a later date was reported to be satisfactory.
192	Milk— 11·1 % Added Water	Formal "Appeal to Cow" samples (Nos. 194, 195 & 196) were obtained and reported to be genuine milk. Reported to the Health Committee who instructed the Town Clerk to send a letter of warning to the producer.
220	Milk— Raw and undesignated	Informal sample submitted for analysis as a result of a complaint. A formal sample of the undesignated milk was obtained, for which the retailer refused payment, stating that it was not for sale. Reported to the Health Committee when no further action in the matter was decided upon.
234	Milk— 7·3 % Deficient in fat	Further samples of this producer's milk are unobtainable as supplies to the Pasteuriser's Plant are temporarily suspended.
248	Milk— 11·6 % Deficient in fat	
249	Milk— 4·3 % Deficient in fat	

TABLE 2—Continued.

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative Action Taken
245	Sausages, Beef— Deficient in Meat	Formal sample containing only 48·5 % of meat. Verbal caution given to the manufacturer.
254	Milk— 23·3 % Deficient in fat	Informal sample submitted for analysis as a result of a complaint. A check sample from the distributor taken at a later date was satisfactory.
271	Bread— Containing a foreign body	Informal sample submitted for analysis as a result of a complaint, reported to contain part of a cigarette embedded in the crust. Reported to the Health Committee who instructed the Town Clerk to send a letter of warning to the manufacturer. The Sanitary Inspector in whose area the bread was made was informed of the facts.
286	Milk— 10·0 % Deficient in fat	One of seven samples obtained, the other six being satisfactory.
317	Milk— 15·6 % Deficient in fat	Two of eight check samples obtained the other six being satisfactory.
319	Milk— 12·0 % Deficient in fat	A check is being kept on this source of supply.
297	Jam— Containing foreign matter	Informal sample submitted for analysis as a result of a complaint, reported to contain jute fibres. Letter of warning to the manufacturer. The Sanitary Inspector in whose area the jam was manufactured was informed of the facts.
323	Sausages, Beef— Failure to display notice of preservative content	Formal sample, satisfactory in composition but containing sulphur dioxide preservative, whereas no notice to this effect was displayed. Reported to the Health Committee who instructed the Town Clerk to send letters of warning to the retailer and the manufacturer.

NOTE.—Milk samples, except where stated otherwise, were obtained formally at the “place of delivery” to the Pasteuriser’s Plant.

TABLE 3.

Monthly Average Composition of Milk Samples.

Month				Analytical Data	
				Milk Fat per cent.	Non-fatty Solids per cent.
January	...	...	15	3.72	8.60
February	...	...	—	—	—
March	...	...	25	3.49	8.53
April	...	...	11	3.61	8.53
May	...	...	5	3.72	8.78
June	...	...	36	3.72	9.00
July	...	...	13	3.48	8.80
August	...	...	20	3.55	8.72
September	...	...	13	3.73	8.98
October	...	...	24	3.85	8.93
November	...	...	29	3.74	8.80
December	...	...	10	3.18	8.77
Total	...	...	201		
Average for the year 1955				3.67	8.79
" " 1954				3.80	8.71
" " 1953				3.68	8.78
" " 1952				3.67	8.78
" " 1951				3.72	8.73
" " 1950				3.66	8.75
" " 1949				3.68	8.77
" " 1948				3.71	8.74
" " 1947				3.88	8.76
" " 1946				3.84	8.86

NOTE.—3 “Appeal to Cow” samples are excluded from the above Table.

TABLE 4.

Articles of Food examined for Preservatives in accordance with the Public Health (Preservatives, Etc., in Food) Regulations.

Food	No. of samples examined	Permitted Preservative	Amount		Remarks
			Allowed	Found	
Milk	204	Nil	Nil	Nil	Satisfactory
Beer	7	Sulphur Dioxide	70 ppm	6-Nil 1-22 ppm	
Butter	4	Nil	Nil	4-Nil	
Chutney, Tomato	1	Benzoic Acid	250 ppm	Nil	
Crab Meat ...	1	Nil	Nil	Nil	
Cream, Double	3	Nil	Nil	3-Nil	
Jam	4	Sulphur Dioxide	100 ppm	4-Nil	
Lemon Cheese	2	Nil— except as allowed in ingredients		2-Nil	
Lemon Curd	1	do.		Nil	
Marmalade ...	1	Sulphur Dioxide	100 ppm	Nil	
Meat, Potted ...	5	Nil	Nil	5-Nil	
Mincemeat ...	5	Nil— except as allowed in ingredients		5-Nil	
Onions, Pickled	1	Benzoic Acid	250 ppm	Nil	
Paste:— Meat	2	Nil	Nil	2-Nil	
Salmon	1	Nil	Nil	Nil	
Pickles	1	Benzoic Acid	250 ppm	Nil	
Sausages ...	19	Sulphur Dioxide	450 ppm	10-Nil 1-64 ppm 1-80 ppm 2-128 ppm 1-134 ppm 1-176 ppm 1-200 ppm 1-205 ppm 1-336 ppm	Satisfactory Satisfactory Satisfactory Satisfactory Satisfactory Satisfactory Satisfactory Satisfactory

TABLE 4—Continued.

Food	No. of samples examined	Permitted Preservative	Amount		Remarks
			Allowed	Found	
Sausage Meat	1	Sulphur Dioxide	450 ppm	Nil	
Soft Drinks ...	8	Sulphur Dioxide or Benzoic Acid	350 ppm 600 ppm	1-Nil	Satisfactory
				-Nil	
				1-192 ppm	Satisfactory
				-Nil	
				1-195 ppm	Satisfactory
				-Nil	
				1-221 ppm	Satisfactory
				-Nil	
				1-268 ppm	Satisfactory
				-Nil	
				1-274 ppm	Satisfactory
				-Nil	
				1-323 ppm	Satisfactory
				-Nil	
				1-337 ppm	Satisfactory
				-Nil	

Meat Inspection.

The year 1955, being the first full year after control, affords an opportunity for comparison with conditions pre-war.

The number of animals slaughtered has risen considerably:

	Cattle	Calves	Sheep	Pigs
1938 ...	8,374	1,708	22,225	5,373
1955 ...	11,477	1,271	25,157	11,488

The reasons for this increase are not certain, but in the case of cattle the increase may be more apparent than real and may, in fact, be due to the present public demand for small lean joints which are cut from smaller, leaner cattle than pre-war. With regard to the number of pigs, the reason is probably less obscure. Public prejudice against eating pork in summer has been largely overcome, therefore pork is less of a seasonal commodity than in the past; but, no doubt, the amount of pork consumed by our new citizens from eastern and central Europe accounts for a high proportion of these extra pigs.

One thing is certain, however, and that is the amount of inspection required has increased, and this at a time when the inspectorate for this work has declined from one Veterinary Inspector and one Meat Inspector to one Meat Inspector only.

During the past four or five years there has been considerable reduction in the amount of tuberculosis found in cattle in the public abattoir, although condemnations as a result of tuberculosis still exceed condemnations as a result of all other conditions.

No comparative figures are given because the quality of cattle now being slaughtered differs from that during the control period and such figures could be misleading. In all abattoirs, however, the effect is being felt of the attested herd scheme, and as this scheme extends and the number of attested cattle increases, there should be a further decline in the number of tuberculous carcasses.

Dare we hope that in ten years' time, tuberculosis in cattle will be an uncommon occurrence?

During the year further improvements have been carried out to the public abattoir, including additional lairage accommodation for cattle and the provision of a Hogmaster pig dehairing machine with electro-lethaler and bleeding trough, electric hoist and overhead track.

Thanks are again expressed to Dr. Phelon and the staff of the Pathological Laboratory at the Royal Halifax Infirmary for examination of specimens, and also to Mr. J. B. Abbott, M.R.C.V.S., Halifax, for similar help on an occasion when the laboratory was closed.

The following Table shows the number of animals slaughtered during the year and the number condemned:—

The following Table shows the total approximate weight of meat and offals destroyed on account of tuberculosis, and from other causes:—

Total amount of Meat destroyed	...	...	...	...	...
Total amount of Offals destroyed	...	...	...	...	...
Total amount of Meat destroyed on account of Tuberculosis	...	...	...	...	...
Total amount of Offals destroyed on account of Tuberculosis	...	...	...	...	...
Total amount of Meat destroyed from other causes	...	...	...	...	...
Total amount of Offals destroyed from other causes	...	...	...	...	...
Total Meat and Offals destroyed	...	...	...	...	...
					lbs.
					30,888
					58,551
					25,624
					43,323
					5,264
					15,228
					89,439

Food Inspection.

The following Table shows the amount of foods condemned:—

Food Condemned						Quantity in lbs.
40 Carcases of Beef	...	...	...	...	...	22,030
Beef not in Carcase	...	...	...	...	...	5,640
6 Carcases of Veal	...	...	...	...	...	290
Veal not in Carcase	...	...	...	...	...	—
6 Carcases of Mutton	...	...	...	...	...	371
Mutton not in Carcase	...	...	...	...	...	—
14 Carcases of Pork	...	...	...	...	...	1,446
Pork not in Carcase	...	...	...	...	...	1,111
Offals	...	...	...	...	...	58,551
Bacon and Ham	...	...	...	...	...	301
Canned Provisions	...	...	...	...	...	6,953
Cereals	...	...	...	...	...	12
Cheese	...	...	...	...	...	104
Confectionery	...	...	...	...	...	7
Cooked Meats	...	...	...	...	...	7
Dried Fruits	...	...	...	...	...	74
Eggs—frozen	...	...	...	...	...	166
Fish	...	...	...	...	...	798
Fruit	...	...	...	...	...	59
Meat Pies	...	...	...	...	...	9
Poultry	...	...	...	...	...	123
Rabbits	...	...	...	...	...	28
Sausages	...	...	...	...	...	187
Vegetables	...	...	...	...	...	960
Yeast	...	...	...	...	...	398
Total Weight						99,625

Manufacture and/or Sale of Ice Cream.

During the year 58 inspections were made of 332 registered premises:—

Manufacturer-vendor	...	...	...	...	...	1
Vendors only	...	...	...	...	...	331

A total of 49 samples was submitted to bacteriological examination by the Methylene blue reduction test, particulars of which are given in the following Table:—

Produced	No. of Samples	Grade 1 Highly Satisfactory	Grade 2 Satisfactory	Grade 3 Unsatisfactory	Grade 4 Very Unsatisfactory
In Borough	3	2(66·66 %)	1(33·33 %)	—	—
Outside of Borough	46	35(76·10 %)	7(15·21 %)	1(2·17 %)	3(6·52 %)
Total	49	37(75·51 %)	8(16·33 %)	(12·04 %)	3(6·12 %)

I am pleased to be able to report that all mobile vans and carts selling Ice Cream in this Borough are so constructed as to comply with the Bye-laws made under Section 15 of the Food and Drugs Act, 1938, and also equipped with means for the provision of hot water and washing of the hands. In addition, towels are provided and sterilising agents for the treatment of the servers.

Fried Fish Shops.

During the year 40 inspections were made of 138 premises. Improvements were effected in 7 cases.

Bakehouses.

The number of bakehouses on the register at the end of the year was 79.

There were 21 inspections made, and improvements were effected in three cases.

Factories

H.M. Inspector of Factories sent 8 notices (comprising 13 items) under Section 9 of the Factories Act, 1937. In addition there were 4 complaints (4 items) brought forward from 1954.

Complaints remedied during the year numbered 5 (6 items). There were 7 outstanding complaints (11 items) at the end of the year.

There were 11 outworkers on the register at the end of the year, and no cases of default in sending lists to the Council were discovered (Section 110). There were no cases of outwork being carried on in unwholesome premises (Section 111).

Table 1.
Inspections for Purposes of Provisions as to Health.

Premises	No. on Register	Number of		
		Inspect'ns	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	30	10	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities	752	88	2	—
(iii) Other premises in which Section 7 is enforced by the Local Authority* (excluding outworkers' premises)	54	1	—	—
Total	836	99	3	—

*i.e Electrical Stations (S.103(1), Institutions S.104 and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

Table 2.

Cases in which defects were found.

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1) ...	1	—	—	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate Ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient ...	1	3	—	1	—
(b) Unsuitable or defective ...	4	2	—	4	—
(c) Not separate for sexes ...	2	—	—	2	—
Other offences against the Act (not including offences relating to Outwork) ...	—	—	—	—	—
Total ...	8	5	—	8	—

Rodent Control

Premises	Inspected		Treated		Outstanding		Cleared	
	Rats	Mice	Rats	Mice	Rats	Mice	Rats	Mice
Local Authority's Premises:								
Abattoir	12	12	12	12	1	—	2	10
Borough Market	22	34	21	33	1	1	10	9
Day Nurseries	1	14	—	5	—	—	—	3
Piece Hall	16	34	16	31	1	1	4	11
Refuse Disposal Works	11	11	9	9	1	—	1	9
Reservoir Embankments ...	—	—	—	—	—	—	—	—
Tips	28	—	14	—	—	—	4	—
School Canteens	15	50	4	33	—	—	2	17
Schools	30	51	13	26	—	—	8	15
Sewage Disposal Works ...	26	9	14	6	—	—	2	6
Sewers (Public) Manholes	45	—	24	—	—	—	24	—
Other Premises	22	24	17	12	—	—	9	6
Private Business Premises:								
Bone Works	10	1	7	—	1	—	—	1
Canteens	39	44	38	43	3	4	16	18
Factories (with mechanical power)	73	48	76	50	4	1	37	27
Factories (without mechanical power)	27	28	10	11	—	—	6	8
Hospitals	21	15	19	13	1	1	3	10
Hotels	16	13	13	11	—	—	6	8
Houses-let-in-Lodgings ...	—	—	—	—	—	—	—	—
Piggeries	10	—	2	—	—	—	—	—
Places of Public Entertainment	8	4	6	4	—	—	4	3
Sewers (Private) Manholes	88	—	74	—	—	—	72	—
Shops	50	79	46	76	2	2	22	31
Stables	—	—	—	—	—	—	—	—
Tips	7	—	—	—	—	—	—	—
Other premises	43	29	21	13	—	—	10	8
Dwellinghouses:								
Corporation Houses ...	80	124	52	102	—	—	27	55
Private Dwellinghouses ...	393	129	330	101	16	1	184	61
Totals	1093	753	838	591	31	11	453	316

Summary of Operations				Rats	Mice	Total
Number of Primary Inspections ... ..	...	...	...	1,093	753	1,846
Number of Re-inspections ... ..	...	...	...	6,227	3,184	9,411
Number of Complaints received ... ..	...	...	...	396	205	601
Number of Complaints remedied ... ..	...	...	...	239	131	370
Number of Complaints outstanding ... ..	...	...	...	9	4	13
Number of Local Authority's Premises treated ...	...	...	...	144	167	311
Number of Corporation Houses treated ... ..	...	...	...	52	102	154
Number of Private Business Premises treated ...	...	...	...	311	221	532
Number of Private Dwellinghouses treated ... ..	...	...	...	330	101	431
				Local Authority's	Private Business	Total
Premises test-baited and found not infested ...	...	...	...	24	15	39
Visits with District Sanitary Inspectors re drainage ..	..	..	..	..	..	7
Estimated number of rats killed .. ..	..	...	...	...	...	10,586

Smoke Abatement

The number of smoke observations made during the year was 39, details of which are given in the following Table.

Visits to works in connection with smoke emission numbered 84 and the average emission of black smoke was 1.46 minutes per observation, or 2.92 minutes per hour.

Boiler plants were improved re smoke emission in 8 cases.

Chimney	No. of observations (30 minutes each)	Average minutes black smoke per observation
Arches Street Mills	1	Nil
Atlas Dyeworks	3	Nil
Bowling Dyke Mills	1	4.5
Brunswick Mills	4	Nil
Central Laundry, Wade Street ...	2	Nil
Croftmyl, West Parade	1	Nil
Dean Clough Mills (Brick)	2	Nil
Dean Clough Mills (Stone)	2	Nil
Globe Mills, Wade Street	1	Nil
Hanson Lane Mill	1	Nil
Heath Street Joinery Works	2	Nil
Kingston Mills	1	Nil
Ladyship Mills	2	Nil
Old Lane Dyeworks	1	Nil
Ovenden Senior Sec. School	1	11.0
Pioneer Iron Works	1	Nil
Quarmby, D.B., Adelaide Street ...	1	Nil
Reflecting Road Studs Ltd.	2	Nil
Royal Halifax Infirmary	3	Nil
Ryburne Mills	1	Nil
Sun Works, Winding Road	1	Nil
The Brewery, Corporation St.	1	7.5
Wellington Mills	1	Nil
West Grove Mill	1	30.0
West Mount Works	1	4.0
Woodside Baths	1	Nil
Total	39	1.06

TABLE No. 1—DEPOSITED ATMOSPHERIC POLLUTION, 1955

Month	WADE STREET (Central)				BELLE VUE PARK (½ mile West)				AKROYD PARK (½ mile North)				INFIRMARY (1 mile South)				WEST VIEW PARK (1½ miles West)				
	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	
January ...	2.52	19.62	9.94	29.56	2.09	6.86	6.44	13.30	*	6.16	4.93	11.09	*	1.42	6.00	4.44	10.44	2.36	5.47	8.07	13.54
February ...	2.72	18.39	8.96	27.35	1.54	6.43	5.72	12.15	2.01	7.44	6.15	13.59	1.97	6.71	4.70	11.41	4.26	6.77	4.26	11.03	
March ...	1.54	14.62	4.52	19.14	2.21	8.37	5.55	13.92	2.33	*	*	*	0.99	5.63	3.64	9.27	7.32	7.61	7.32	14.93	
April ...	0.95	14.04	5.79	19.83	1.02	7.97	3.89	11.86	*	*	*	*	2.64	5.50	6.48	11.98	4.36	11.44	0.95	15.80	
May ...	2.88	13.43	6.35	19.78	2.64	7.36	5.74	13.10	*	*	*	*	1.77	5.30	4.20	9.50	7.94	7.39	3.04	15.33	
June ...	2.05	12.78	6.63	19.41	1.97	6.84	4.76	11.60	0.00	6.03	2.03	8.06	0.59	3.93	0.84	4.77	6.91	7.52	2.44	14.43	
July ...	0.00	15.02	3.04	18.06	0.55	5.24	2.01	7.25	1.18	7.60	5.64	13.24	0.99	8.03	3.20	11.23	3.48	5.34	0.67	8.82	
August ...	1.14	13.65	6.05	19.70	1.10	20.15	4.39	24.54	1.77	8.50	6.19	14.69	1.50	4.09	3.16	7.25	2.98	6.77	1.14	9.75	
September ...	1.62	7.54	7.82	15.36	1.73	4.82	5.74	10.56	1.73	4.70	4.68	9.38	1.89	3.58	3.53	7.11	5.81	3.85	1.97	9.66	
October ...	1.97	7.70	4.64	12.34	2.05	5.01	4.77	9.78	*	*	*	*	*	*	*	*	3.26	2.91	2.05	2.09	6.17
November ...	1.89	9.72	5.11	14.83	1.97	5.26	3.72	8.98	4.85	5.97	9.15	15.12	4.45	5.32	9.30	14.62	4.73	3.38	2.09	8.11	
December ...	*	*	*	*	5.24	8.31	10.25	18.56	4.85	5.97	9.15	15.12	4.45	5.32	9.30	14.62	9.78	5.81	5.52	15.59	
Aggregates	19.28	146.51	68.85	215.36	24.11	92.62	62.98	155.60	13.87	46.40	38.77	85.17	18.21	54.09	43.49	97.58	26.48	74.26	26.48	143.16	
MONTHLY AVERAGES ...	1.75	13.32	6.26	19.58	2.01	7.72	5.25	12.97	1.98	6.63	5.54	12.17	1.82	5.41	4.35	9.76	2.21	6.19	2.21	11.93	

*Records spoilt, etc., etc.

Monthly Average for whole Borough:—Rainfall in inches

Insoluble Solids
Soluble Solids
Total Solids ...

1.95
7.85 tons per square mile.
5.43
13.28
" " " "

Total Annual Deposit for the Whole Borough:—159.36 tons per square mile.

**Total Annual Deposit for the whole Borough for
the past ten years**

					Tons per square mile.
1955	...	...	...	...	159.36
1954	...	...	...	...	186.59
1953	...	...	...	...	154.33
1952	...	...	...	...	171.30
1951	...	...	...	...	185.04
1950	...	...	...	...	174.30
1949	...	...	...	...	202.95
1948	...	...	...	...	183.79
1947	...	...	...	...	241.91
1946	...	...	...	...	238.09

There has been a steady drop in the atmospheric pollution figures during the last few years. Nothing very spectacular, but yet a step in the right direction.

Several firms have been dealt with during the year where plants have been entirely reconstructed, and other firms have been electrified or persuaded to use smokeless fuels.

TABLE NO. 1 A. MONTHLY ATMOSPHERIC DEPOSIT 1955.
FIVE HALIFAX STATIONS

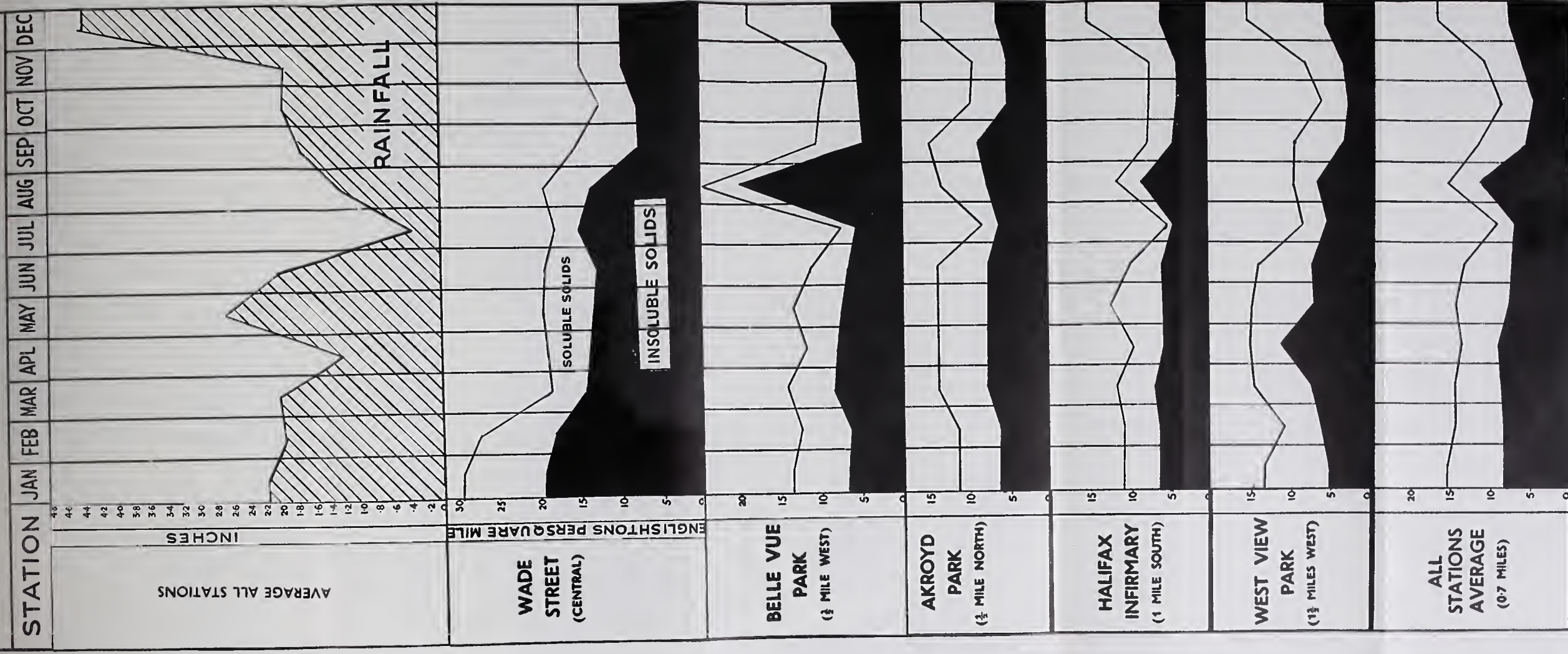
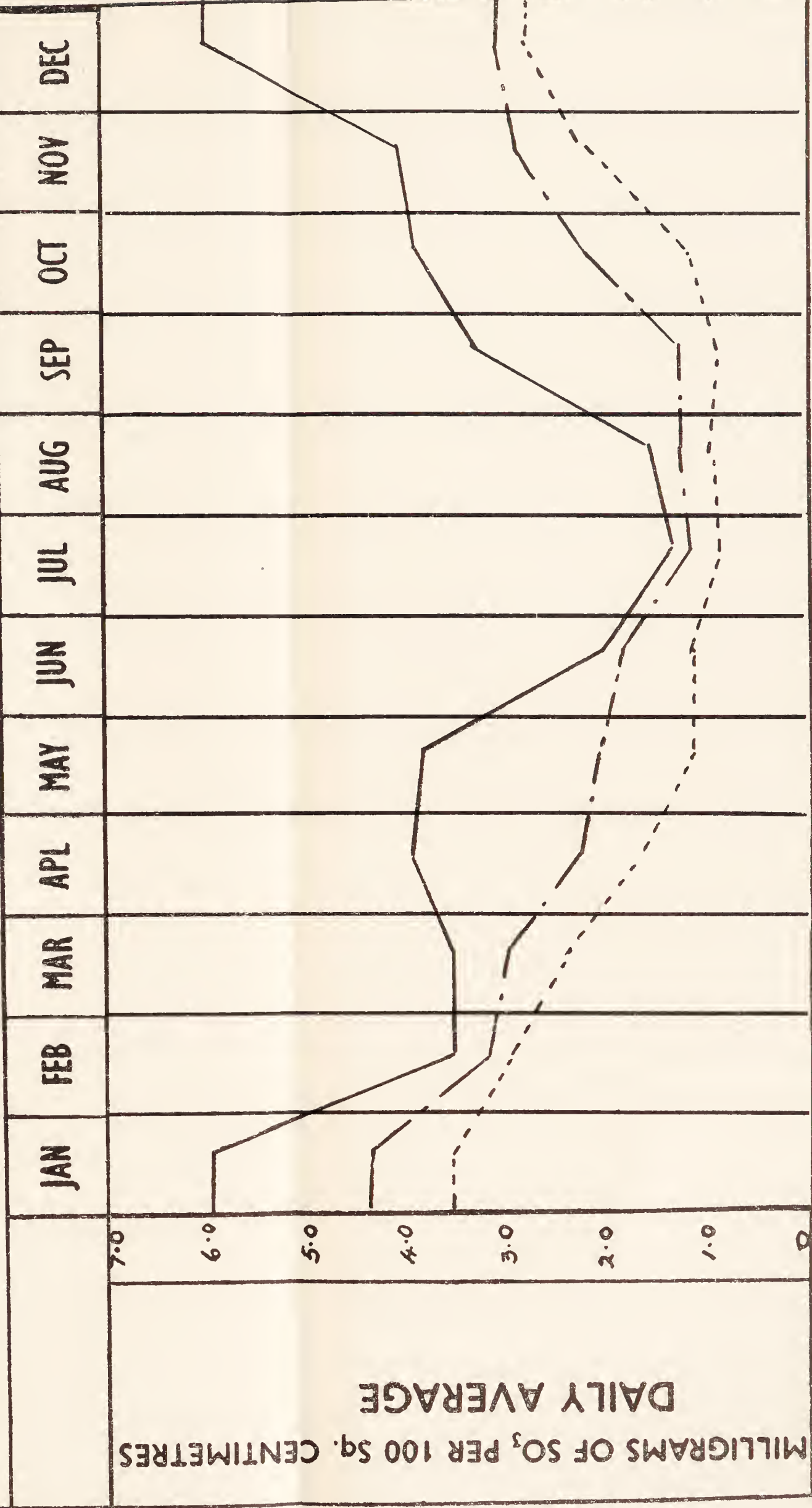


TABLE No. 2A

SULPHUR POLLUTION 1955.

BEACON HILL _____ WADE STREET _____ WEST VIEW PARK.



General Summary of Meteorological Observations taken at the Central Public Library, Belle Vue, Halifax, from January 1st to December 31st, 1955.

I am indebted to Mr. F. C. Pritchard, F.L.A., Chief Librarian, for the following details:

LATITUDE OF STATION : 53° 43 N.

LONGITUDE : 1° 52 W. ALTITUDE : 625 FEET

(BAROMETER 632 FEET)

1955	Barometer		Air Temperatures						Mean Temperature		Relative Humidity	Vapour Pressure	Mean Reading of Thermometers				Wind										Mean Amount of Cloud	Rainfall																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
MONTH	Mean at 32° F. and Sea Level	Range	Maximum	Minimum	Range	Mean			Air	Dew Point			Maximum in sun's rays	Minimum on grass	Earth 4 feet Down	Estimated Strength	Relative Proportion											No. of Raindays	Amount Collected																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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